1 - FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

REG. NO. 83 160866

**1. DECEASED NAME** (TYPE OR PRINT) — FIRST: Hazel MIDDLE: Flora LAST: Abel

**2a. DATE OF DEATH** — MONTH: 06 DAY: 14 YEAR: 83

**2b. HOUR**: 1508 M

**3. SEX**: Female ~~XXXXXXX~~

**4. RACE**: Caucasian

**5. DATE OF BIRTH** (MONTH DAY YEAR): March 24, 1921

**6. AGE** (IN YEARS LAST BIRTHDAY): 62 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

**7a. BIRTHPLACE** (STATE OR FOREIGN COUNTRY): Maryland

**7b. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**8.** MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

**9. BALTIMORE CITY OR COUNTY OF DEATH**: Carroll County MD.

**10. CITY OR TOWN OF DEATH**: Westminster

**11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION** (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Carroll County General Hospital

**12a. USUAL OCCUPATION** (TYPE OF WORK FOR MOST OF WORKING LIFE): Homemaker

**12b. KIND OF BUSINESS OR INDUSTRY**: Own Home

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

**13a. STATE**: Maryland

**13b. COUNTY**: Carroll

**13c. CITY OR TOWN**: Taneytown

**13d. INSIDE CITY LIMITS?** YES [ ] NO [X]

**13e. STREET ADDRESS**: 2561 Bear Run Road 21787

**14. FATHER'S NAME** — FIRST: Thomas MIDDLE: LAST: Wolf

**15. MOTHER'S MAIDEN NAME** — FIRST: Bertha MIDDLE: LAST: Blizzard

**16a. WAS DECEASED EVER IN U.S. ARMED FORCES?** (YES, NO OR UNKNOWN): No (IF YES, GIVE WAR OR DATES)

**16b. SOCIAL SECURITY NO.**: 217-14-0572A

**17. INFORMANT**: Robert L. Abel — ADDRESS: 2561 Bear Run Road, Taneytown, MD 21787

## MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4100

IMMEDIATE CAUSE (a) Acute myocardial infarction — 2 hrs

DUE TO, OR AS A CONSEQUENCE OF (b) ASCVD — 2 yrs

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): —

**19a. DATE OF OPERATION**: —

**19b. CONDITION FOR WHICH OPERATION WAS PERFORMED**: —

**20a. AUTOPSY?** YES [ ] NO [X]

**20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?** YES [ ] NO [ ]

**21a.** ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

**21b. TIME OF INJURY** HOUR A.M. P.M. MONTH DAY YEAR 19

**21c. HOW INJURY OCCURRED** (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

**21d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

**21e. PLACE OF INJURY** (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

**21f. LOCATION** STREET — CITY OR TOWN — COUNTY — STATE

**22a.** I certify that (I) (this hospital) attended the deceased from 5, 19 83, to 6, 19 83 that (I) (we) last saw the deceased alive on 6 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

**22b. SIGNATURE**: Alva S Baker MD — DEGREE

ATTENDING PHYSICIAN [X] MEDICAL DIRECTOR [ ] STAFF PHYSICIAN [ ]

**22c. DATE SIGNED**: 06-14-83

**22d. PHYSICIAN'S NAME** (TYPE OR PRINT): Alva S. Baker M-D.

**22e. ADDRESS**: 218 Washington Heights Med Ctr, Westminster MD 21157

**23a. BURIAL, CREMATION, REMOVAL** (SPECIFY): Burial

**23b. DATE**: ~~XXX~~ 6/17/83

**23c. NAME OF CEMETERY OR CREMATORY**: Evergreen Mem. Gardens

**23d. LOCATION** (CITY OR TOWN, COUNTY, STATE): Finksburg, Carroll, Maryland

**24. FUNERAL DIRECTOR** — NAME: Skiles Funeral Home — ADDRESS: 136 E. Baltimore St., Taneytown, MD 21787

**25a. DATE REC'D. BY REGISTRAR**: JUN 21 1983

**25b. REGISTRAR'S SIGNATURE**: John J. Cahill

BP______

DHMH - 16 50M 1/81 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page [illegible] should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after [illegible] with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

4

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
# CERTIFICATE OF DEATH

83 16087
REG. NO.

| | | | |
|---|---|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST: Elsie Aleshire | | 2a. DATE OF DEATH MONTH DAY YEAR: 6 9 83 | 2b. HOUR: 8:00 AM |
| 3. SEX: Female | 4. RACE: White | 5. DATE OF BIRTH MONTH DAY YEAR: May 3, 1908 | 6. AGE (IN YEARS LAST BIRTHDAY): 75 YRS. IF UNDER 1 YEAR MONTHS DAYS; IF UNDER 24 HRS HOURS MIN. |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maryland | 7b. CITIZEN OF WHAT COUNTRY?: USA | 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County MD. |
| 10. CITY OR TOWN OF DEATH: Sykesville | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 6400 Church St. | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Clerk | 12b. KIND OF BUSINESS OR INDUSTRY: Brager-Gutman |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| 13a. STATE | 13b. COUNTY | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS |
|---|---|---|---|---|
| Maryland | Carroll | Sykesville | YES ☐ NO ☒ | 6400 Church St. 21784 |

| 14. FATHER'S NAME FIRST MIDDLE LAST | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST |
|---|---|
| William E. Cook | Flora E. Longley |

| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATES) | 16b. SOCIAL SECURITY NO. | 17. INFORMANT / ADDRESS |
|---|---|---|---|
| No | ---- | 215-10-3211 | Charles East 1001 Cindy Lane Westminster, MD 21157 |

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CORONARY OCCLUSION — 1 HR.

4100

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b) CARIAC FAILURE — 2 WKS.

DUE TO, OR AS A CONSEQUENCE OF (c) ASCVD — 3 Mo.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

| 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
|---|---|---|---|
| | | YES ☐ NO ☒ | YES ☐ NO ☐ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) |
|---|---|---|
| 21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET CITY OR TOWN COUNTY STATE |

22a. I certify that (I) (this hospital) attended the deceased from 3-1, 19 83, to 6-9, 19 83, that (I) (we) last saw the deceased alive on 6-7 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] M.D. DEGREE — ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ — 22c. DATE SIGNED: 6-9-83

22d. PHYSICIAN'S NAME (TYPE OR PRINT): R.V. Houck Jr M.D. — 22e ADDRESS: 6500 Panorama Dr Sykesville md

| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN COUNTY STATE |
|---|---|---|---|
| Burial | 6/13/83 | Mt. Olive | Randallstown Baltimore MD |

| 24. FUNERAL DIRECTOR NAME ADDRESS | 25a. DATE REC'D. BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE |
|---|---|---|
| Loring Byers Funeral Directors, Inc 8728 Liberty Rd. Randallstown, Md. 21133 | JUN 10 1983 | [signature] |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

M

BP____

DHMH - 16 50M 4/82
(VRA 15, 4)

8

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

REG. NO. 83 16088

1 DECEASED NAME (TYPE OR PRINT) — FIRST: Madeline — MIDDLE: D. — LAST: Ashworth

2a. DATE OF DEATH (MONTH DAY YEAR): June 5,1983

2b. HOUR: 7 A.M

3 SEX: Female

4 RACE: White

5 DATE OF BIRTH (MONTH DAY YEAR): April 11,1918

6. AGE (IN YEARS LAST BIRTHDAY): 65 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Chester,Pa.

7b CITIZEN OF WHAT COUNTRY?: USA

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9 BALTIMORE CITY OR COUNTY OF DEATH: Carroll Co. MD.

10. CITY OR TOWN OF DEATH: Finksburg

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 901 Lorraine Drive

12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Housewife

12b. KIND OF BUSINESS OR INDUSTRY:

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE: Md.

13b COUNTY: Carroll

13c. CITY OR TOWN: Finksburg

13d. INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET ADDRESS: 901 Lorraine Drive 21048

14 FATHER'S NAME — FIRST: William — MIDDLE: J. — LAST: Baynes

15. MOTHER'S MAIDEN NAME — FIRST: Madeline — MIDDLE: — LAST: Bradburg

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No (IF YES, GIVE WAR OR DATES)

16b. SOCIAL SECURITY NO: 195-05-9024

17. INFORMANT: Mr. David B. Ashworth — ADDRESS: Finksburg,Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Central Nervous System Metastasis | 3 mo |
| DUE TO, OR AS A CONSEQUENCE OF (b) | Small cell lung cancer | 10 mo |
| DUE TO, OR AS A CONSEQUENCE OF (c) | | |

1629

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from 8/8 19 82 to ~~6/5~~ 19 82, that (I) (we) last saw the deceased alive on 4/28 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Wm C Waterfield — DEGREE: MD — ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐

22c. DATE SIGNED: 6/6/83

22d. PHYSICIAN'S NAME (TYPE OR PRINT): Wm C Waterfield

22e ADDRESS: St Agnes Hospital 900 Caton Ave Balt Md 21229

23a BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation

23b. DATE: June 6,83

23c. NAME OF CEMETERY OR CREMATORY: Westview Memorial

23d. LOCATION CITY OR TOWN COUNTY STATE: Baltimore,Md.

24 FUNERAL DIRECTOR NAME: Eline Funeral Home — ADDRESS: Reisterstown,Md.

25a. DATE REC'D. BY REGISTRAR: JUN 7 1983

25b. REGISTRAR'S SIGNATURE: John J. Cornell

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours if [illegible]. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the [illegible], page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with [illegible] after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical [illegible]

BP________

DHMH-16 25M (VRA 15, 4) 1/79

5

M

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

83 16089
REG. NO.

| | | | |
|---|---|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST: Beulah K. Bell | | 2a. DATE OF DEATH MONTH DAY YEAR: 06 09 83 | 2b. HOUR: 0715 M |
| 3. SEX: FEMALE | 4. RACE: WHITE | 5. DATE OF BIRTH MONTH DAY YEAR: 11 08 97 | 6. AGE (IN YEARS LAST BIRTHDAY): 85 YRS. IF UNDER 1 YEAR MONTHS DAYS / IF UNDER 24 HRS HOURS MIN. |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MD. | 7b. CITIZEN OF WHAT COUNTRY?: U.S.A. | 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 9. BALTIMORE CITY OR COUNTY OF DEATH: CARROLL MD. |
| 10. CITY OR TOWN OF DEATH: WESTMINSTER | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): WESTMINSTER NURSING CENTER | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): SEWING | 12b. KIND OF BUSINESS OR INDUSTRY: CLOTHING |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| | | | | |
|---|---|---|---|---|
| 13a. STATE: MD. | 13b. COUNTY: CARROLL | 13c. CITY OR TOWN: WESTMINSTER | 13d. INSIDE CITY LIMITS? YES ☐ NO ☒ | 13e. STREET ADDRESS: WASHINGTON RD. 21157 |

| | |
|---|---|
| 14. FATHER'S NAME FIRST MIDDLE LAST: THOMAS KUHNS | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: ALICE RHODES |

| | | | |
|---|---|---|---|
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): NO | (IF YES, GIVE WAR OR DATES): NONE | 16b SOCIAL SECURITY NO.: 212-01-8764 | 17. INFORMANT / ADDRESS: JOAN HOLLINGER WESTMINSTER, MD 21157 |

### MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

4292

IMMEDIATE CAUSE (a) ASCVD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1a —

| | | | |
|---|---|---|---|
| 19a. DATE OF OPERATION — | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a AUTOPSY? YES ☐ NO ☒ | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐ |

| | | |
|---|---|---|
| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) — |
| 21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f LOCATION STREET — CITY OR TOWN COUNTY STATE |

22a. I certify that (I) (this hospital) attended the deceased from Sept, 19 77, to 6-9 19 83, that (I) (we) last saw the deceased alive on 6-6 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

| | | |
|---|---|---|
| 22b. SIGNATURE: Alva S. Baker MD | DEGREE — ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ | 22c. DATE SIGNED: 06-09-83 |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT): Alva S. Baker | 22e. ADDRESS: 218 Wash Hgts Med Ctr Westminster MD 21157 | |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL | 23b. DATE: 6-11-83 | 23c. NAME OF CEMETERY OR CREMATORY: MEADOW BRANCH | 23d. LOCATION CITY OR TOWN COUNTY STATE: WESTMINSTER CARROLL MD. |
| 24. FUNERAL DIRECTOR NAME ADDRESS: Robert Kyle Pritts Sr. Westminster, Md | | 25a. DATE REC'D. BY REGISTRAR: JUN 16 1983 | 25b. REGISTRAR'S SIGNATURE: John J. Carroll |

35 90 35 0100 1 2 9 1

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP____

DHMH - 16 50M 4/82
(VRA 15, 4)

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
# CERTIFICATE OF DEATH

REG. NO. 83 16090

1. DECEASED NAME (TYPE OR PRINT) — FIRST: Emma — MIDDLE: Gertrude — LAST: Berryman

2a. DATE OF DEATH (MONTH DAY YEAR): June 16, 1983

2b. HOUR: 10;30am M

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH (MONTH DAY YEAR): June 23 1883

6. AGE (IN YEARS LAST BIRTHDAY): 99 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maryland

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐

9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County MD.

10. CITY OR TOWN OF DEATH: Westminster

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Westminster Nursing & Conv. Center

12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Housewife

12b. KIND OF BUSINESS OR INDUSTRY: —

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE: Maryland

13b. COUNTY: Baltimore

13c. CITY OR TOWN: Owings Mills

13d. INSIDE CITY LIMITS? YES ☐ NO X

13e. STREET ADDRESS: 11009 Reisterstown Road 21117

14. FATHER'S NAME — FIRST: Joshua — MIDDLE — LAST: Clements

15. MOTHER'S MAIDEN NAME — FIRST: Rose — MIDDLE — LAST: Hoffman

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No — (IF YES, GIVE WAR OR DATES)

16b. SOCIAL SECURITY NO.: 215-74-0052D

17. INFORMANT: Mr. Charles Berryman, ADDRESS: 105 Clarendon Ave. Pikesville, Md. 21208

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

4292

IMMEDIATE CAUSE (a) Arteriosclerotic CV Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO X

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY — HOUR A.M. P.M. — MONTH — DAY — YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION — STREET — CITY OR TOWN — COUNTY — STATE

22a. I certify that (I) ~~(the hospital)~~ attended the deceased from July 10, 1958, to June 16, 1983, that (I) ~~(we)~~ last saw the deceased alive on June 10, 1983 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: C. E. McWilliams — DEGREE: MD — ATTENDING PHYSICIAN X MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐

22c. DATE SIGNED: 6-16-83

22d. PHYSICIAN'S NAME (TYPE OR PRINT): C. E. McWilliams

22e. ADDRESS: 11904 Reisterstown Rd. Reisterstown, Md. 21136

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

23b. DATE: June 18, 1983

23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery

23d. LOCATION — CITY OR TOWN: Pikesville — COUNTY: Balto. — STATE: Md.

24. FUNERAL DIRECTOR: H. J. Eckhardt — ADDRESS: Owings Mills, Md.

25a. DATE REC'D. BY REGISTRAR: JUN 20 1983

25b. REGISTRAR'S SIGNATURE: John L. Cahill

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP

DHMH - 16 50M 4/82
(VRA 15, 4)

1 ~~1011~~

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

REG. NO. 83 16091

1 DECEASED NAME (TYPE OR PRINT) — FIRST: Reuben — MIDDLE: ARTHUR — LAST: Black

2a DATE OF DEATH — MONTH: 6 — DAY: 22 — YEAR: 83

2b HOUR: 6:45 PM

3 SEX: Male

4 RACE: Caucasion

5 DATE OF BIRTH — MONTH: 5 — DAY: 12 — YEAR: 17

6 AGE (IN YEARS LAST BIRTHDAY): 66 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

7a BIRTHPLACE (STATE OR FOREIGN COUNTRY): PENNSYLVANIA

7b CITIZEN OF WHAT COUNTRY?: U.S.A.

8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9 BALTIMORE CITY OR COUNTY OF DEATH: Carroll MD.

10 CITY OR TOWN OF DEATH: Westminster

11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): CARROLL COUNTY GENERAL HOSPITAL

12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): LABORER

12b KIND OF BUSINESS OR INDUSTRY: CROWN CORK & SEAL

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a STATE: Md.

13b COUNTY: ~~XXXXXXXX~~

13c BALTIMORE ~~XXXXXXXXXX~~

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET ADDRESS: 948 Quantrill Way 21205

14 FATHER'S NAME — FIRST: REUBEN — MIDDLE: — LAST: BLACK

15 MOTHER'S MAIDEN NAME — FIRST: GERTRUDE — MIDDLE: — LAST: GOUCHNOUR

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): YES — (IF YES, GIVE WAR OR DATES): W.W. II

16b SOCIAL SECURITY NO.: 191-05-0833A

17 INFORMANT: ~~XXXXXXXXXXXX~~ — ADDRESS: MARY GERTRUDE BLACK SAME AS 13e.

## MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

PART I. DEATH WAS CAUSED BY

4110

IMMEDIATE CAUSE (a) CARDIAC ARREST

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) CORONARY INSUFICIENCY

DUE TO, OR AS A CONSEQUENCE OF (c) A.S.C.V.D

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☐

20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b TIME OF INJURY — HOUR A.M. P.M. — MONTH — DAY — YEAR 19

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION — STREET — CITY OR TOWN — COUNTY — STATE

22a I certify that (I) (this hospital) attended the deceased from June 9, 1983, to June 22, 1983, that (I) (we) last saw the deceased alive on June 9 1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: [signature] — DEGREE: M.D — ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐

22c DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT): José L. CHAPULIF, M.D.

22e ADDRESS: 6342 Barnett Ave. SYKESVILLE, Md

23a BURIAL, CREMATION, REMOVAL (SPECIFY): CREMATION

23b DATE: 6/24/1983

23c NAME OF CEMETERY OR CREMATORY: GREEN MOUNT CREMATORY

23d LOCATION — CITY OR TOWN: BALTIMORE, — COUNTY: — STATE: MARYLAND

24 FUNERAL DIRECTOR — NAME: WALTER BROOKS BRADLEY, INC. — ADDRESS: DUNDALK, MD. 21222

25a DATE REC'D. BY REGISTRAR: JUN 24 1983

25b REGISTRAR'S SIGNATURE: [signature]

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. [illegible] may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral [illegible] page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 [illegible] death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical [illegible] must be notified at once.

BP________

DHMH - 16 60M 1/75 (VR A 15 (4))

4

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
**CERTIFICATE OF DEATH**

83 16092
REG. NO.

- 1. DECEASED NAME (TYPE OR PRINT) — FIRST: Daniel — MIDDLE: Edward — LAST: Boone
- 2a. DATE OF DEATH (MONTH DAY YEAR): June 21, 1983
- 2b. HOUR: 7²⁰ AM
- 3. SEX: Male
- 4. RACE: White
- 5. DATE OF BIRTH — MONTH: 6 — DAY: 23 — YEAR: 08
- 6. AGE (IN YEARS LAST BIRTHDAY): 74 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN
- 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maryland
- 7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
- 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
- 9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll MD.
- 10. CITY OR TOWN OF DEATH: Westminster
- 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 640 Jasontown Road
- 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): carpenter
- 12b. KIND OF BUSINESS OR INDUSTRY: construction

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

- 13a. STATE: Maryland
- 13b. COUNTY: Carroll
- 13c. CITY OR TOWN: Westminster
- 13d. INSIDE CITY LIMITS? YES ☐ NO ☒
- 13e. STREET ADDRESS: 640 Jasontown Road 21157
- 14. FATHER'S NAME — FIRST: Frederick — MIDDLE: William — LAST: Boone
- 15. MOTHER'S MAIDEN NAME — FIRST: Christina — MIDDLE: — LAST: Murk
- 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No — (IF YES, GIVE WAR OR DATES): none
- 16b. SOCIAL SECURITY NO.: 216-10-0401
- 17. INFORMANT: Lillian I. Boone — ADDRESS: 640 Jasontown Rd. Westminster, MD

**MEDICAL CERTIFICATION**

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY:

- IMMEDIATE CAUSE (a): Histiocytic Lymphoma - Lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Jan. '83
- DUE TO, OR AS A CONSEQUENCE OF (b):
- DUE TO, OR AS A CONSEQUENCE OF (c):

2000

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): Rheumatoid Arthritis

- 19a. DATE OF OPERATION: 2/4/83
- 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: as in 18a
- 20a. AUTOPSY? YES ☐ NO ☒
- 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
- 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
- 21b. TIME OF INJURY — HOUR A.M. P.M. MONTH DAY YEAR 19
- 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
- 21d. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
- 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
- 21f. LOCATION — STREET — CITY OR TOWN — COUNTY — STATE

22a. I certify that (I) (this hospital) attended the deceased from 9/27/62, 19____, to Now, 19____, that (I) (we) last saw the deceased alive on 6/20/83 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

- 22b. SIGNATURE: J.H. Caricofe MD — DEGREE — ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
- 22c. DATE SIGNED: 6/21/83
- 22d. PHYSICIAN'S NAME (TYPE OR PRINT): J.H. Caricofe MD
- 22e. ADDRESS: P.O. Bx M, Union Bridge, MD 21791
- 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
- 23b. DATE: 6/21/83
- 23c. NAME OF CEMETERY OR CREMATORY: Anatomy Board of MD
- 23d. LOCATION — CITY OR TOWN: Baltimore City — COUNTY: — STATE: MD
- 24. FUNERAL DIRECTOR — NAME: D. D. Hartzler — ADDRESS: New Windsor, Md.
- 25a. DATE REC'D. BY REGISTRAR: JUN 23 1983
- 25b. REGISTRAR'S SIGNATURE: John J. Comiel

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, [illegible] should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified [illegible].

BP______

DHMH-1650M 7/77 (VR A 15 (4))

Daniel Edward Boone

Male White 6 23 08 74

Maryland U.S.A. Carroll

Westminster 640 Jasontown Road carpenter construction

Maryland Carroll Westminster x 640 Jasontown Road

Frederick William Boone Christina Murk

640 Jasontown Rd.

No none 216-10-0401 Lillian L. Boone Westminster, MD

Removal 6/21/83 Anatomy Board of MD Baltimore City MD

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
# CERTIFICATE OF DEATH

83 16093
REG. NO.

- 1. DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST: Martina - Carter
- 2a. DATE OF DEATH MONTH DAY YEAR: 6-30-83
- 2b. HOUR: 4:50 A M
- 3. SEX: Female
- 4. RACE: Blk
- 5. DATE OF BIRTH MONTH DAY YEAR: 3 26 97
- 6. AGE (IN YEARS LAST BIRTHDAY): 86 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.
- 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MARYLAND
- 7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
- 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
- 9. BALTIMORE CITY OR COUNTY OF DEATH: CARROLL MD.
- 10. CITY OR TOWN OF DEATH: Mt. Airy
- 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Pleasant View Nsg Home
- 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): DOMESTIC
- 12b. KIND OF BUSINESS OR INDUSTRY: -
- USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
- 13a. STATE: MD.
- 13b. COUNTY: MONTgo.
- 13c. CITY OR TOWN: OLNEY
- 13d. INSIDE CITY LIMITS? YES ☐ NO ☒
- 13e. STREET ADDRESS: BOX 74 20832
- 14. FATHER'S NAME FIRST / MIDDLE / LAST: William FRAZIER
- 15. MOTHER'S MAIDEN NAME FIRST / MIDDLE / LAST: MAMIE UNKNOWN
- 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): NO — (IF YES, GIVE WAR OR DATES)
- 16b. SOCIAL SECURITY NO:
- 17. INFORMANT: Lillie WALKER — ADDRESS: SAME AS #13

## MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 4360 IMMEDIATE CAUSE (a) | Respiratory arrest | sec |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) | Pneumonia | 2 days |
| DUE TO, OR AS A CONSEQUENCE OF (c) | C.V.A. + lung STASIS | yrs |

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): diabetes, bilateral amputee

- 19a. DATE OF OPERATION:
- 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
- 20a. AUTOPSY? YES ☐ NO ☐
- 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
- 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
- 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
- 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
- 21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
- 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
- 21f. LOCATION STREET / CITY OR TOWN / COUNTY / STATE

22a. I certify that (I) (this hospital) attended the deceased from 3/26/73, 19__ to 6/29/83, 19__, that (I)(we) last saw the deceased alive on 6/10/83 19__, and that in (my)(our) opinion death occurred on the date and hour and from the causes stated above. (I)(we) (did)(did not) view the body after death.

- 22b. SIGNATURE — DEGREE — ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
- 22c. DATE SIGNED: 6/30/83
- 22d. PHYSICIAN'S NAME (TYPE OR PRINT): Melvin J Kordin
- 22e. ADDRESS: 2000 Century Plaza Columbia MD 21044
- 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
- 23b. DATE: 7-6-83
- 23c. NAME OF CEMETERY OR CREMATORY: MT. ZION CEM.
- 23d. LOCATION CITY OR TOWN / COUNTY / STATE: MT. ZION MONTgo. MD
- 24. FUNERAL DIRECTOR NAME: GEORGE R. SNOWDEN — ADDRESS: 246 N. WASH. ST. Rockville Md
- 25a. DATE REC'D. BY REGISTRAR: JUL 5 1983
- 25b. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed ... hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner ...

BP____

DHMH - 16 60M 1/75
(VR A 15 (4))

x 8

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

83 16094
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST: Calvin Willis Chaplain
2a. DATE OF DEATH MONTH DAY YEAR: 6-27-83
2b. HOUR: 0955 M

3. SEX: Male
4. RACE: White
5. DATE OF BIRTH MONTH DAY YEAR: Oct. 10, 1912
6. AGE (IN YEARS LAST BIRTHDAY): 70 YRS
IF UNDER 1 YEAR MONTHS DAYS — IF UNDER 24 HRS HOURS MIN.

35

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County MD.

10. CITY OR TOWN OF DEATH: Westminster
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Carroll Co. Gen. Hosp.
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Machine Operator
12b. KIND OF BUSINESS OR INDUSTRY: Electric

060

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Md
13b. COUNTY: Carroll
13c. CITY OR TOWN: Manchester
13d. INSIDE CITY LIMITS? YES ☐ NO ☑
13e. STREET ADDRESS: 4701 Watertank Rd. 21102

35

14. FATHER'S NAME FIRST MIDDLE LAST: George M. Chaplain
15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: Hettie W. Harrison

060

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES): No
16b. SOCIAL SECURITY NO.: 215-10-4087
17. INFORMANT: Ruth Chaplain ADDRESS: 4701 Watertank Rd Manchester, Md

1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): cardiorespiratory arrest
DUE TO, OR AS A CONSEQUENCE OF (b): Acute Myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4100

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Cerebrovascular accident and Thrombocytopenia

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

9

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

9

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from 6-20, 1983, to 6-27, 1983, that (I) (we) last saw the deceased alive on 6-27, 1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Chitrachedunaganna
DEGREE: MD
ATTENDING PHYSICIAN ☑ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
22c. DATE SIGNED: 6/27/83

22d. PHYSICIAN'S NAME (TYPE OR PRINT): CHITRACHEDUNAGANNA
22e. ADDRESS: 174 E. Main St. West. 21157

1

23a. BURIAL, CREMATION, REMOVAL: Burial
23b. DATE: June 30, 1983
23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
23d. LOCATION CITY OR TOWN COUNTY STATE: Pikesville Balto. Md

24. FUNERAL DIRECTOR: H.J. Eckhardt ADDRESS: Manchester Md
25a. DATE REC'D. BY REGISTRAR: JUN 29 1983
25b. REGISTRAR'S SIGNATURE: John J. Carroll

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

BP______

DHMH - 16 50M 1/81
(VRA 15, 4)

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
# CERTIFICATE OF DEATH

REG. NO. 83 16095

| Field | Entry |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST | BERTIE M. CRUTCHLEY Crutchley |
| 2a. DATE OF DEATH MONTH DAY YEAR | June 9, 1983 |
| 2b. HOUR | 5 05 am M |
| 3. SEX | Female |
| 4. RACE | White |
| 5. DATE OF BIRTH MONTH DAY YEAR | March 8, 1897 |
| 6. AGE (IN YEARS LAST BIRTHDAY) YRS. | 86 |
| IF UNDER 1 YEAR MONTHS DAYS | |
| IF UNDER 24 HRS HOURS MIN | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | Md. |
| 7b. CITIZEN OF WHAT COUNTRY? | USA |
| 8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED | MARRIED X |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | Carroll MD. |
| 10. CITY OR TOWN OF DEATH | Mt. Airy |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | Pleasant View Nursing Home |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | H. Wife |
| 12b. KIND OF BUSINESS OR INDUSTRY | Home |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE | Md. 20879 |
| 13b. COUNTY | Mont. |
| 13c. CITY OR TOWN | Gaithersburg |
| 13d. INSIDE CITY LIMITS? YES / NO | NO x |
| 13e. STREET ADDRESS | 9801 Watkins Road 20879 |
| 14. FATHER'S NAME FIRST MIDDLE LAST | Bradley P. King |
| 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST | Sarah - Dowden |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | No |
| 16b. SOCIAL SECURITY NO. | 213-56-1492 |
| 17. INFORMANT / ADDRESS | William E. Crutchley / Same as # 13 |

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

4292

| | Cause | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | ~~Respiratory~~ CARDIAC Arrest MJC | MIN |
| DUE TO, OR AS A CONSEQUENCE OF (b) | Cardiac Arrythmia | MIN |
| DUE TO, OR AS A CONSEQUENCE OF (c) | ASCVD | YRS |

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO x

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from 6/9, 19 83 to 6/9, 19 83, that (I) (we) last saw the deceased alive on 6/9 19 83 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE [signature] DEGREE

ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐

22c. DATE SIGNED 6/9/83

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Melvin J Kordin

22e. ADDRESS 2000 Century Plaza Columbia 21044

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE June 11, 1983

23c. NAME OF CEMETERY OR CREMATORY Clarksburg Meth.

23d. LOCATION CITY OR TOWN Clarksburg COUNTY Mont. STATE Md.

24. FUNERAL DIRECTOR NAME Francis H. Barber ADDRESS Laytonsville, Md. 20879

25a. DATE REC'D BY REGISTRAR JUN 14 1983 REGISTRAR [signature]

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours of death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner ...

M

BP

DHMH - 16 60M 1/75
(VR A 15 (4))

Item #1,5&6 Film G581 7/26/83 rc

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
# CERTIFICATE OF DEATH

83 16096
REG. NO.

| | | | |
|---|---|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST: Mary DOROTHY G CULLISON | 2a. DATE OF DEATH MONTH DAY YEAR: 6-29-83 | 2b. HOUR: 6 35 AM | |
| 3. SEX: Female | 4. RACE: White | 5. DATE OF BIRTH MONTH 8 DAY 16 YEAR 1907 | 6. AGE (IN YEARS LAST BIRTHDAY): 75 YRS. / IF UNDER 1 YEAR MONTHS DAYS / IF UNDER 24 HRS HOURS MIN. |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Baltimore, Md. | 7b. CITIZEN OF WHAT COUNTRY?: USA | 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll Co. MD. |
| 10. CITY OR TOWN OF DEATH: Westminster | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Westminster Nurs. & Conv. Center | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): HWF | 12b. KIND OF BUSINESS OR INDUSTRY |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| 13a. STATE | 13b. COUNTY | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS |
|---|---|---|---|---|
| Md. | Balto | Boring | YES ☒ NO ☐ | 14722 Old Hanover Road 21020 |

| 14. FATHER'S NAME FIRST / MIDDLE / LAST | 15. MOTHER'S MAIDEN NAME FIRST / MIDDLE / LAST |
|---|---|
| Charles Gill | Alberta Osborne |

| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATES) | 16b. SOCIAL SECURITY NO. | 17. INFORMANT / ADDRESS |
|---|---|---|---|
| no | | 218-32-8968A | Mr. H. Alvin Cullison, Sr., Boring, Md. |

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) cardiopulmonary arrest — 5 MIN

1579

DUE TO, OR AS A CONSEQUENCE OF (b) PANCREATIC CA. — 2 yrs

DUE TO, OR AS A CONSEQUENCE OF (c) —

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): —

| 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
|---|---|---|---|
| — | | YES ☐ NO ☐ | YES ☐ NO ☐ |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
|---|---|---|
| 21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET / CITY OR TOWN / COUNTY / STATE |

22a. I certify that I (this hospital) attended the deceased from 2/1, 19 83, to present, 19 __, that I (we) last saw the deceased alive on 6/24 19 83, and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (we) (did) (did not) view the body after death.

| 22b. SIGNATURE / DEGREE | | 22c. DATE SIGNED |
|---|---|---|
| John Lehigh MD | ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ | 6/29/83 |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT): JOHN LEHIGH MD | 22e. ADDRESS: 104 N. MAIN ST., UNIONBRIDGE, MD | |

| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN / COUNTY / STATE |
|---|---|---|---|
| Burial | 7-1-83 | Mt. Zion Cemetery | Upperco Balto Md. |

| 24. FUNERAL DIRECTOR NAME / ADDRESS | 25a. DATE REC'D. BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE |
|---|---|---|
| Eline Funeral Home, Hampstead, Md. 21074 | JUL 6 1983 | Joan J. Cassell |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death [illegible] retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral [illegible] page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 [illegible] death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP_____

DHMH - 16 50M 4/82
(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
# CERTIFICATE OF DEATH

REG. NO. 83 16097

1. DECEASED NAME (TYPE OR PRINT) FIRST: Ruth MIDDLE: Etta LAST: Cullison
2a. DATE OF DEATH MONTH: 6 DAY: 19 YEAR: 83
2b. HOUR: 0534 M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH MONTH DAY YEAR: Apr. 12, 1921
6. AGE (IN YEARS LAST BIRTHDAY): 62 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County MD.
10. CITY OR TOWN OF DEATH: Westminster
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Carroll Co. Gen. Hosp.
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Assemby work
12b. KIND OF BUSINESS OR INDUSTRY: Potato Chip
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Md.
13b. COUNTY: Carroll
13c. CITY OR TOWN: Manchester
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET ADDRESS: Wood Drive 21102
14. FATHER'S NAME FIRST: Allen MIDDLE: L. LAST: Hann
15. MOTHER'S MAIDEN NAME FIRST: Estella MIDDLE: LAST: Fridinger
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No (IF YES, GIVE WAR OR DATES)
16b. SOCIAL SECURITY NO.: 215-56-2888
17. INFORMANT: Dennis Cullison ADDRESS: 21 O'Neill Ave Hanover, PA. 1733

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): SARCOMA OF UTERUS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: MONTHS
1790
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE
22a. I certify that (I) (this hospital) attended the deceased from 6/13 19 83 to 6/19 19 83 that (I) (we) last saw the deceased alive on 6/19 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.
22b. SIGNATURE: Vincent J. Fiocco Jr. MD — DEGREE — ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
22c. DATE SIGNED: 6/19/83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): Vincent J. Fiocco, Jr.
22e. ADDRESS: 8 Anchor St Westminster, Md
23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION CITY OR TOWN COUNTY STATE
24. FUNERAL DIRECTOR NAME: H.G. Eckhardt ADDRESS: Manchester, Md.
25a. DATE REC'D. BY REGISTRAR: JUN 22 1983
25b. REGISTRAR'S SIGNATURE: John J. Carroll

BP ______

DHMH - 16 50M 1/81 (VRA 15, 4)

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
# CERTIFICATE OF DEATH

83 16098
REG. NO.

| Field | Entry |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST | Robert E. Davidson, Sr. |
| 2a. DATE OF DEATH MONTH DAY YEAR | June 2, 1983 |
| 2b. HOUR | M |
| 3. SEX | male |
| 4. RACE | white |
| 5. DATE OF BIRTH MONTH DAY YEAR | Feb 17, 1904 |
| 6. AGE (IN YEARS LAST BIRTHDAY) | 79 YRS. |
| IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | Maryland |
| 7b. CITIZEN OF WHAT COUNTRY? | USA |
| 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | Married |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | Carroll County MD. |
| 10. CITY OR TOWN OF DEATH | West Friendship |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | 2157 McKendre Road |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | account - ret. |
| 12b. KIND OF BUSINESS OR INDUSTRY | mfg. |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| Field | Entry |
|---|---|
| 13a. STATE | Maryland |
| 13b. COUNTY | Carroll |
| 13c. CITY OR TOWN | West Freinds. |
| 13d. INSIDE CITY LIMITS? YES ☒ NO ☐ | Yes |
| 13e. STREET ADDRESS | 2157 McKendre Road 21794 |
| 14. FATHER'S NAME FIRST MIDDLE LAST | Harry J. Davidson |
| 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST | Bertha Ziegler |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | no |
| (IF YES, GIVE WAR OR DATES) | ------------ |
| 16b. SOCIAL SECURITY NO. | 213-05-2881 |
| 17. INFORMANT / ADDRESS | Mrs. Edna M. Allen 2157 McKendre Rd. 21794 |

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Coronary artery disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years

4149

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from 1973, 19__ to June 2 19 83, that (I) (we) last saw the deceased alive on May 31 19 83 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Charles Taylor M.D. DEGREE
ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
22c. DATE SIGNED: 6-2-83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): Dr. Charles Taylor, M.D.
22e. ADDRESS: Columbia Medical Bldg.

| Field | Entry |
|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | burial |
| 23b. DATE | 6/6/83 |
| 23c. NAME OF CEMETERY OR CREMATORY | Crestlawn Cemetery |
| 23d. LOCATION CITY OR TOWN / COUNTY / STATE | Sykesville Carroll Md. |
| 24. FUNERAL DIRECTOR NAME / ADDRESS | Ambrose Funeral Home 1328 Sulphur Spring Rd. |
| 25a. DATE REC'D. BY REGISTRAR | JUN 3 1983 |
| 25b. REGISTRAR'S SIGNATURE | John J. Carroll |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP______

DHMH-16 25M (VRA 15, 4) 1/79

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
# CERTIFICATE OF DEATH

83 16099
REG. NO.

- 1. DECEASED NAME (TYPE OR PRINT) — FIRST: JAMES — MIDDLE: A — LAST: DELANY
- 2a. DATE OF DEATH — MONTH: 6 — DAY: 21 — YEAR: 83
- 2b. HOUR: 10:30 PM
- 3. SEX: Male.
- 4. RACE: white.
- 5. DATE OF BIRTH (MONTH DAY YEAR): April 26, 1897.
- 6. AGE (IN YEARS LAST BIRTHDAY): 86 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.
- 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New york.
- 7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
- 8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
- 9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County, MD.
- 10. CITY OR TOWN OF DEATH: Sykesville
- 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Springfield Hospital.
- 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Attorney/ Dept.
- 12b. KIND OF BUSINESS OR INDUSTRY: of the Interior

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

- 13a. STATE: Maryland
- 13b. COUNTY: Montgomery
- 13c. CITY OR TOWN: Bethesda
- 13d. INSIDE CITY LIMITS? YES [X] NO [ ]
- 13e. STREET ADDRESS: 9304 Parkhill Terrace 20814
- 14. FATHER'S NAME — FIRST: Jere — MIDDLE: — LAST: Delany
- 15. MOTHER'S MAIDEN NAME — FIRST: Elizabeth — MIDDLE: — LAST: McCormick
- 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): Yes — (IF YES, GIVE WAR OR DATES): WWI
- 16b. SOCIAL SECURITY NO.: 218-38-7223
- 17. INFORMANT: Mrs. Helen F. DeLany, Wife — ADDRESS: Same as item #13

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

4292

IMMEDIATE CAUSE (a): Uremia.

DUE TO, OR AS A CONSEQUENCE OF (b): ASC.V.D.

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

- 19a. DATE OF OPERATION:
- 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
- 20a. AUTOPSY? YES [ ] NO [X]
- 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ ] NO [ ]
- 21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
- 21b. TIME OF INJURY — HOUR A.M. P.M. — MONTH — DAY — YEAR 19
- 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
- 21d. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
- 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
- 21f. LOCATION — STREET — CITY OR TOWN — COUNTY — STATE

22a. I certify that (I) (this hospital) attended the deceased from 12-29, 19 72, to 6-21, 19 83, that (I) (we) last saw the deceased alive on 6-21-83 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

- 22b. SIGNATURE: M. Malayeri — DEGREE: M.D — ATTENDING PHYSICIAN [ ] MEDICAL DIRECTOR [ ] STAFF PHYSICIAN [X]
- 22c. DATE SIGNED: 6/27/83
- 22d. PHYSICIAN'S NAME (TYPE OR PRINT): M. MALAYERI
- 22e. ADDRESS: Springfield Hospital. Sykesville Md 21784
- 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Entombment
- 23b. DATE: June 25, 1983
- 23c. NAME OF CEMETERY OR CREMATORY: Gate of Heaven Cemetery
- 23d. LOCATION (CITY OR TOWN, COUNTY, STATE): Silver Spring, Maryland
- 24. FUNERAL DIRECTOR NAME / ADDRESS: Robert A. Pumphrey Funeral Homes, P.A., Bethesda, Maryland
- 25a. DATE REC'D. BY REGISTRAR: JUN 29 1983
- 25b. REGISTRAR'S SIGNATURE: [signature]

BP________

DHMH - 16 50M 4/82
(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 48 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
# CERTIFICATE OF DEATH

REG. NO. 83 16100

| Item | Entry |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) — FIRST / MIDDLE / LAST | Charles Thomas Donnelly |
| 2a. DATE OF DEATH — MONTH / DAY / YEAR | 6 30 83 |
| 2b. HOUR | 1940 M |
| 3. SEX | Male |
| 4. RACE | White |
| 5. DATE OF BIRTH — MONTH / DAY / YEAR | October 31 1919 |
| 6. AGE (IN YEARS LAST BIRTHDAY) YRS. | 63 |
| IF UNDER 1 YEAR — MONTHS / DAYS; IF UNDER 24 HRS — HOURS / MIN. | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | Thurmont, Md. |
| 7b. CITIZEN OF WHAT COUNTRY? | U.S.A. |
| 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | Married |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | Carroll MD. |
| 10. CITY OR TOWN OF DEATH | Westminster |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | Carroll County General Hosp. |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | Carpenter |
| 12b. KIND OF BUSINESS OR INDUSTRY | |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE | Maryland |
| 13b. COUNTY | Carroll |
| 13c. CITY OR TOWN | Manchester |
| 13d. INSIDE CITY LIMITS? YES ☒ NO ☐ | Yes |
| 13e. STREET ADDRESS | 3229 North Main Street 21102 |
| 14. FATHER'S NAME — FIRST / MIDDLE / LAST | Charles H. Donnelly |
| 15. MOTHER'S MAIDEN NAME — FIRST / MIDDLE / LAST | Ida. C. Miller |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | Yes |
| (IF YES, GIVE WAR OR DATES) | WW II |
| 16b. SOCIAL SECURITY NO. | 219-01-6816 |
| 17. INFORMANT | Beatrice J. Donnelly |
| ADDRESS | 3229 North Main St. Manchester, Md. 21102 |

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

1991

IMMEDIATE CAUSE (a) METASTATIC ADENOCARCINOMA, PRIMARY SITE UNKNOWN — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: MONTHS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): HYPERCALCEMIA

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET / CITY OR TOWN / COUNTY / STATE

22a. I certify that (I) (this hospital) attended the deceased from 6/24, 19 83 to 6/30, 19 83, that (I) (we) last saw the deceased alive on 6/30 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Vincent J. Fiocco MD — DEGREE — ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☒
22c. DATE SIGNED: 6/30/83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): Vincent J. Fiocco MD
22e. ADDRESS: 8 Anchor St. Westminster, Md. 21157

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE: 7-3-83
23c. NAME OF CEMETERY OR CREMATORY: Resthaven Memorial Gardens
23d. LOCATION — CITY OR TOWN: Frederick — COUNTY: Frederick — STATE: Md.

24. FUNERAL DIRECTOR — NAME: Thomas D. Fletcher & Son — ADDRESS: 254 East Main St. Westminster, Md. 21157 (signature)
25a. DATE REC'D. BY REGISTRAR: F.H. JUL 5 1983
25b. REGISTRAR'S SIGNATURE: (signature)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

BP

DHMH - 16 50M 4/82 (VRA 15, 4)

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

83 16101
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) FIRST: Minnie MIDDLE: Belle LAST: GAMBER
2a. DATE OF DEATH MONTH DAY YEAR: 6-3-1983
2b. HOUR: 6:30 PM
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH MONTH DAY YEAR: 11-15-1882
6. AGE (IN YEARS LAST BIRTHDAY): 100 YRS.
IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Carroll County
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County MD.
10. CITY OR TOWN OF DEATH: Westminster
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 37 John St.
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Sewing
12b. KIND OF BUSINESS OR INDUSTRY: Factory

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Md.
13b. COUNTY: Carroll
13c. CITY OR TOWN: Westminster
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET ADDRESS: 37 John St 21157
14. FATHER'S NAME FIRST: Jacob MIDDLE LAST: Little
15. MOTHER'S MAIDEN NAME FIRST: Margaret MIDDLE LAST: Duff
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES): No
16b. SOCIAL SECURITY NO.: 216-14-5119
17. INFORMANT: Grace Fogle ADDRESS: same as # 13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Pulmonary Edema
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4292

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) CHF
DUE TO, OR AS A CONSEQUENCE OF (c) ASVHD

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from ________ 1968 to 3 June 1983, that (I) (we) last saw the deceased alive on May 1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.
22b. SIGNATURE: Dean H. Griffin DEGREE: M.D.
ATTENDING PHYSICIAN ☑ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
22c. DATE SIGNED: 6-4-83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): Dean H. Griffin
22e. ADDRESS: Ridge Rd. Westminster Md. 21157

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE: 6-6-83
23c. NAME OF CEMETERY OR CREMATORY: Deer Park
23d. LOCATION CITY OR TOWN: Westminster COUNTY: Carroll Md.
24. FUNERAL DIRECTOR NAME: [signature] Fletcher ADDRESS: 254 E. Main St. Westminster Md.
25a. DATE REC'D. BY REGISTRAR: JUN 7 1983
25b. REGISTRAR'S SIGNATURE: John J. Cahill

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP________

DHMH - 16 50M 1/81 (VRA 15, 4)

Items 19a & b G580 6/30/83 dad

FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

83 161102
REG. NO.

| Field | Entry |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) — FIRST / MIDDLE / LAST | JOSEPH B. Garlitz |
| 2a. DATE OF DEATH — MONTH / DAY / YEAR | 6 8 83 |
| 2b. HOUR | 10:50 PM |
| 3. SEX | Male |
| 4. RACE | White |
| 5. DATE OF BIRTH — MONTH / DAY / YEAR | 6 17 90 |
| 6. AGE (IN YEARS LAST BIRTHDAY) | 92 YRS. |
| IF UNDER 1 YEAR — MONTHS / DAYS | |
| IF UNDER 24 HRS — HOURS / MIN | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | W. Va. |
| 7b. CITIZEN OF WHAT COUNTRY? | USA |
| 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | Widowed |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | Carroll MD. |
| 10. CITY OR TOWN OF DEATH | Sykesville |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | Sykesville Eldercare |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | B& O maint. |
| 12b. KIND OF BUSINESS OR INDUSTRY | Retired |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE | Md |
| 13b. COUNTY | Carroll |
| 13c. CITY OR TOWN | Sykesville |
| 13d. INSIDE CITY LIMITS? YES ☒ NO ☐ | Yes |
| 13e. STREET ADDRESS | 6 RailRoad Ave 21784 |
| 14. FATHER'S NAME — FIRST / MIDDLE / LAST | Aden Joseph Sterling |
| 15. MOTHER'S MAIDEN NAME — FIRST / MIDDLE / LAST | (ELLEN) Susan Sterline |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | No |
| (IF YES, GIVE WAR OR DATES) | |
| 16b. SOCIAL SECURITY NO. | 214-16-2085 |
| 17. INFORMANT — ADDRESS | Mrs. Marion Whiteman, Gaither, Md. Wife |

### MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) ASHD, Chronic Cardiac failure,

1539

DUE TO, OR AS A CONSEQUENCE OF (b) Ca Colon Post operation - Arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF (c) Generalized - Cerebral atrophy - M.I

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

| Field | Entry |
|---|---|
| 19a. DATE OF OPERATION | 4/27/83 |
| 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | ca. - colon |
| 20a. AUTOPSY? YES ☐ NO ☐ | |
| 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐ | |
| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| 21b. TIME OF INJURY — HOUR A.M. P.M. MONTH DAY YEAR 19 | |
| 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) | |
| 21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | |
| 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | |
| 21f. LOCATION — STREET / CITY OR TOWN / COUNTY / STATE | |

22a. I certify that (I) (this hospital) attended the deceased from 1980, 19__, to 6-8- 1983, that (I) (we) last saw the deceased alive on 6-8- 1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

| Field | Entry |
|---|---|
| 22b. SIGNATURE — DEGREE | Howard E Hall MD |
| ATTENDING PHYSICIAN ☑ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ | Attending Physician |
| 22c. DATE SIGNED | 6-8-83 |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT) | HOWARD E HALL MD |
| 22e. ADDRESS | SYKESVILLE MD |
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | Burial |
| 23b. DATE | 6-11-1983 |
| 23c. NAME OF CEMETERY OR CREMATORY | Hillcrest Burial Park |
| 23d. LOCATION — CITY OR TOWN / COUNTY / STATE | Cumberland, Allegany, Md. |
| 24. FUNERAL DIRECTOR — NAME / ADDRESS | James F. Scarpelli, Cumberland, Md. |
| 25a. DATE REC'D. BY REGISTRAR | JUN 13 1983 |
| 25b. REGISTRAR'S SIGNATURE | [signature] |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP 251

DHMH - 16 50M 7/77 (VR A 15 (4))

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

83 161 03
REG. NO.

| Field | Entry |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) — FIRST / MIDDLE / LAST | Nettie Mae Grimes |
| 2a. DATE OF DEATH — MONTH DAY YEAR | 6 24 83 |
| 2b. HOUR | 1115 aM |
| 3. SEX | Female |
| 4. RACE | White |
| 5. DATE OF BIRTH — MONTH DAY YEAR | 10 3 00 |
| 6. AGE (IN YEARS LAST BIRTHDAY) | 82 YRS. |
| IF UNDER 1 YEAR — MONTHS / DAYS; IF UNDER 24 HRS — HOURS / MIN. | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | Maryland |
| 7b. CITIZEN OF WHAT COUNTRY? | U.S.A. |
| 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | Widowed |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | Carroll MD. |
| 10. CITY OR TOWN OF DEATH | 21157 Westminster |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | Carroll County General Hosp. |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | |
| 12b. KIND OF BUSINESS OR INDUSTRY | |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE | Maryland |
| 13b. COUNTY | Carroll |
| 13c. CITY OR TOWN | 21791 Union Bridge |
| 13d. INSIDE CITY LIMITS? YES ☒ NO ☐ | Yes |
| 13e. STREET ADDRESS | 5 S. Farquhar St. 21791 |
| 14. FATHER'S NAME — FIRST / MIDDLE / LAST | Samuel D. Wetzel |
| 15. MOTHER'S MAIDEN NAME — FIRST / MIDDLE / LAST | Gracie Greene |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | No |
| (IF YES, GIVE WAR OR DATES) | none |
| 16b. SOCIAL SECURITY NO. | 215-07-5052 |
| 17. INFORMANT / ADDRESS | Truman L. Grimes Westminster, MD |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4-140

IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) ASHD.

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES ☐ NO ☐ | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from 5-21 19 83 to 6-24 19 83 that (I) (we) last saw the deceased alive on 6-24 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE [signature] DEGREE MD ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ | 22c. DATE SIGNED 6-24-83

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Manuel J. Sevilla | 22e. ADDRESS 419 C Malcolm Dr Westminster

| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN / COUNTY / STATE |
|---|---|---|---|
| Burial | 6/27/83 | Linganore Cemetery | Unionville Frederick MD |

24. FUNERAL DIRECTOR NAME D. D. Hartzler ADDRESS Union Bridge, Md | 25a. DATE REC'D. BY REGISTRAR JUN 30 1983 | 25b. REGISTRAR'S SIGNATURE [signature]

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP____

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

REG. NO. 83 16104

**1. DECEASED NAME** (TYPE OR PRINT) — FIRST: James — MIDDLE: — LAST: Gutridge

**2a. DATE OF DEATH** — KNOWN: XX — ESTIMATED: ☐ — MONTH: 6 — DAY: 10 — YEAR: 19 83

**2b. HOUR** — M

**3. SEX:** Male

**4. RACE:** Cauc.

**5. DATE OF BIRTH** — MONTH: 8 — DAY: 6 — YEAR: 1969

**6. AGE** (IN YEARS LAST BIRTHDAY): 13 YRS. — IF UNDER 1 YR. (MONTHS, DAYS): — IF UNDER 24 HRS. (HOURS, MIN.):

**2c. DATE PRONOUNCED DEAD** — MONTH: 6 — DAY: 10 — YEAR: 19 83

**2d. HOUR:** 4:42P M

**7a. BIRTHPLACE** (STATE OR FOREIGN COUNTRY): Md.

**7b. CITIZEN OF WHAT COUNTRY?** U.SA.

**8.** MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

**9. BALTIMORE CITY OR COUNTY OF DEATH:** Carroll County, MD.

**10. CITY OR TOWN OF DEATH:** Westminster

**11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION** (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Carroll Co. General Hospital

**12a. USUAL OCCUPATION** (TYPE OF WORK FOR MOST OF WORKING LIFE): Student

**12b. KIND OF BUSINESS OR INDUSTRY:**

**USUAL RESIDENCE** (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

**13a. STATE:** Md. — **13b. COUNTY:** — **13c. CITY OR TOWN:** Baltimore — **13d. INSIDE CITY LIMITS?** YES ☒ NO ☐ — **13e. STREET ADDRESS:** 3707 E. Lombard St. 21224

**14. FATHER'S NAME** — FIRST: Henry — MIDDLE: E. — LAST: Gutridge Sr.

**15. MOTHER'S MAIDEN NAME** — FIRST: Judith — MIDDLE: Ann — LAST: Norris

**16a. WAS DECEASED EVER IN U.S. ARMED FORCES?** (YES, NO, OR UNKNOWN): No — (IF YES, GIVE WAR OR DATES):

**16b. SOCIAL SECURITY NO.**

**17. INFORMANT** — ADDRESS: Henry Gutridge 3707 E. Lombard St.

## MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:

9530

IMMEDIATE CAUSE (a) Hanging

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).

**19a. DATE OF OPERATION**

**19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?**

**20. AUTOPSY?** YES ☒ NO ☐

**21a. EXTERNAL CAUSE WAS** UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

**21b. TIME OF INJURY** — HOUR: 10 P.M. — MONTH: 6 — DAY: 9 — YEAR: 19 83

**21c. HOW INJURY OCCURRED** (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2): Subject hanged self

**21d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒

**21e. PLACE OF INJURY** (AT HOME, STREET, FACTORY, FARM, ETC.): School

**21f. LOCATION** — STREET: Montrose School, — CITY OR TOWN: Reisterstown, — COUNTY: Balto., — STATE: Md.

**22a.** I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐.

ACTUAL SIGNATURE: Thomas D Smith M.D. — TITLE (SPECIFY): Deputy Chief MEDICAL EXAMINER — DATE SIGNED: 6/11/83

EXAMINER'S NAME (TYPE OR PRINT): Thomas D. Smith, M.D. — ADDRESS: 111 Penn St. Balto., MD.

**23a. BURIAL, CREMATION, REMOVAL** (SPECIFY): Burial

**23b. DATE:** 6/14/83

**23c. NAME OF CEMETERY OR CREMATORY:** Oak Lawn Cem.

**23d. LOCATION** — CITY OR TOWN: — COUNTY: Baltimore — STATE: Md.

**24. FUNERAL DIRECTOR** — NAME: B. Dabrowski & Son — ADDRESS: 2818 E. Baltimore St.

**25a. DATE REC'D. BY REGISTRAR:** JUN 15 1983

**25b. REGISTRAR'S SIGNATURE:** John J. Carroll

BP

DHMH - 17
(VR A15 ME (5))
20M 4/82

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLE... EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIREC... PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR ...
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

15

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

REG. NO. 83 161 05

| | | | |
|---|---|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST: ALICE | MIDDLE: CORINNE | LAST: HAAS | 2a. DATE OF DEATH MONTH 6 DAY 14 YEAR 83 — 2b. HOUR 0155 M |
| 3. SEX: F | 4. RACE: W | 5. DATE OF BIRTH MONTH APR DAY 19 YEAR 1919 | 6. AGE (IN YEARS LAST BIRTHDAY): 64 YRS. IF UNDER 1 YEAR MONTHS / DAYS; IF UNDER 24 HRS HOURS / MIN. |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): OHIO | 7b. CITIZEN OF WHAT COUNTRY?: USA | 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ | 9. BALTIMORE CITY OR COUNTY OF DEATH: CARROLL MD. |
| 10. CITY OR TOWN OF DEATH: WESTMINSTER | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): CARROLL CO GENERAL HOSPITAL | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): TYPEST | 12b. KIND OF BUSINESS OR INDUSTRY: NEWSPAPER |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| | | | | |
|---|---|---|---|---|
| 13a. STATE: MARYLAND | 13b. COUNTY: ANNE ARUNDEL | 13c. CITY OR TOWN: ANNAPOLIS 21401 | 13d. INSIDE CITY LIMITS? YES ☒ NO ☐ | 13e. STREET ADDRESS: 3013 ARUNDEL ON THE BAY RD 21401 |

| | |
|---|---|
| 14. FATHER'S NAME FIRST: JESSE MIDDLE: L LAST: MASTERS | 15. MOTHER'S MAIDEN NAME FIRST: OLGA MIDDLE: MARIE LAST: PANCOAST |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): NO (IF YES, GIVE WAR OR DATES) — 16b. SOCIAL SECURITY NO.: 216-28-5673 | 17. INFORMANT: MICHAEL HAAS ADDRESS: 2428 W BENSON RD WESTMINSTER MD 21157 |

**MEDICAL CERTIFICATION**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

1990

IMMEDIATE CAUSE (a) CARCINOMATOSIS, PRIMARY PENDING — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: MONTHS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) ______

DUE TO, OR AS A CONSEQUENCE OF (c) ______

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

ATHEROSCLEROTIC CORONARY HEART DISEASE

| | | | |
|---|---|---|---|
| 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES ☑ NO ☐ | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐ |
| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) | |
| 21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET / CITY OR TOWN / COUNTY / STATE | |

22a. I certify that (I) (this hospital) attended the deceased from 6/2, 1983, to 6/14, 1983, that (I) (we) last saw the deceased alive on 6/14 1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

| | | |
|---|---|---|
| 22b. SIGNATURE: Vincent J Fiocco Jr MD | DEGREE — ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ | 22c. DATE SIGNED: 6/14/83 |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT): VINCENT J FIOCCO JR | 22e. ADDRESS: WESTMINSTER, MD | |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL | 23b. DATE: 6-18-83 | 23c. NAME OF CEMETERY OR CREMATORY: CHESTNUT LEVEL | 23d. LOCATION CITY OR TOWN: BELMONT COUNTY STATE: OHIO |
| 24. FUNERAL DIRECTOR NAME: D D Hartzler ADDRESS: New Windsor, Md 21776 | 25a. DATE REC'D. BY REGISTRAR: JUN 17 1983 | 25b. REGISTRAR'S SIGNATURE: John J. Cassidy | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

BP______

DHMH - 16 50M 4/82 (VRA 15, 4)

16

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
# CERTIFICATE OF DEATH

83 161006
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) — FIRST: Elmo — MIDDLE: L. — LAST: Hann
2a. DATE OF DEATH — MONTH: 6 — DAY: 6 — YEAR: 83
2b. HOUR: 1205 M

3. SEX: Male
4. RACE: White
5. DATE OF BIRTH — MONTH: 11 — DAY: 15 — YEAR: 18
6. AGE (IN YEARS LAST BIRTHDAY): 64 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Pennsylvania
7b. CITIZEN OF WHAT COUNTRY? USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll Co. MD.

10. CITY OR TOWN OF DEATH: Westminster
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Carroll County Gen'l Hospital
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Forklift Operator
12b. KIND OF BUSINESS OR INDUSTRY: Gen'l Motors

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Md.
13b. COUNTY: Carroll
13c. CITY OR TOWN: Hampstead
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET ADDRESS: 4010 Greenmount Church Road 21074

14. FATHER'S NAME — FIRST: Harvey — MIDDLE: — LAST: Hann
15. MOTHER'S MAIDEN NAME — FIRST: Mary — MIDDLE: — LAST: Stump

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): yes — (IF YES, GIVE WAR OR DATES): WW2
16b. SOCIAL SECURITY NO.: 219-05-6396
17. INFORMANT — ADDRESS: Mrs. Charlotte Hann, Hampstead, Md.

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | CARDIAC ARREST | 1 HOUR |
| DUE TO, OR AS A CONSEQUENCE OF (b) | CARDIAC ARRHYTHMIA | " |
| DUE TO, OR AS A CONSEQUENCE OF (c) | ATHEROSCLEROTIC CORONARY HEART DISEASE | YEARS |

4140

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ ] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY — HOUR A.M. P.M. — MONTH — DAY — YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
21d. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION — STREET — CITY OR TOWN — COUNTY — STATE

22a. I certify that (I) (this hospital) attended the deceased from 4/19, 1983, to 5/7, 1983, that (I) (we) last saw the deceased alive on ________ 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I) (we) (did) (did not) view the body after death.~~

22b. SIGNATURE: Vincent J. Inconco Jr. — DEGREE: MD — ATTENDING PHYSICIAN [ ] MEDICAL DIRECTOR [ ] STAFF PHYSICIAN [X]
22c. DATE SIGNED: 6/6/83
22d. PHYSICIAN'S NAME (TYPE OR PRINT)
22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE: 6-9-83
23c. NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery
23d. LOCATION — CITY OR TOWN: Hampstead — COUNTY: Carroll — STATE: Md

24. FUNERAL DIRECTOR — NAME — ADDRESS: Eline Funeral Home, Hampstead, Md. 21074
25a. DATE REC'D. BY REGISTRAR: JUN 8 1983
25b. REGISTRAR'S SIGNATURE: John J. Carroll

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP____

DHMH - 16 50M 1/81 (VRA 15, 4)

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

83 16107
REG. NO.

| | | | |
|---|---|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST: Wilbur | MIDDLE: Woodrow | LAST: Harmon | 2a. DATE OF DEATH MONTH 6 DAY 11 YEAR 83 — 2b. HOUR 0800 M |
| 3. SEX: Male | 4. RACE: White | 5. DATE OF BIRTH MONTH DAY YEAR: 1-2-1916 | 6. AGE (IN YEARS LAST BIRTHDAY): 67 YRS. — IF UNDER 1 YEAR MONTHS DAYS — IF UNDER 24 HRS HOURS MIN. |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Windsor | 7b. CITIZEN OF WHAT COUNTRY?: U.S.A. | 8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County MD. |
| 10. CITY OR TOWN OF DEATH: Westminster | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Carroll County General Hosp. | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Mechanic - G.L. | 12b. KIND OF BUSINESS OR INDUSTRY: Cabbage |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| | | | | |
|---|---|---|---|---|
| 13a. STATE: Md. | 13b. COUNTY: Carroll | 13c. CITY OR TOWN: Westminster | 13d. INSIDE CITY LIMITS? YES ☑ NO ☐ | 13e. STREET ADDRESS: 42 W. George St. 21201 |

| | | | | | |
|---|---|---|---|---|---|
| 14. FATHER'S NAME FIRST: John | MIDDLE: Adam | LAST: Harmon | 15. MOTHER'S MAIDEN NAME FIRST: Elsie | MIDDLE: Estella | LAST: Polson |

| | | | |
|---|---|---|---|
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): yes | (IF YES, GIVE WAR OR DATES): WW II | 16b. SOCIAL SECURITY NO.: 216-14-6184 | 17. INFORMANT: Erma S. Harmon — ADDRESS: Same as # 13 |

## MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

5728

IMMEDIATE CAUSE (a) HEPATIC FAILURE

DUE TO, OR AS A CONSEQUENCE OF
(b)

DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

| | | | |
|---|---|---|---|
| 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES ☐ NO ☑ | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐ |

| | | |
|---|---|---|
| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) |
| 21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET, CITY OR TOWN, COUNTY, STATE |

22a. I **certify** that (I) (this hospital) attended the deceased from 5/17 19 83, to 6/11 19 83, that (I) (we) last saw the deceased alive on 6/11 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

| | | |
|---|---|---|
| 22b. SIGNATURE: Howard G. Lanham MD | DEGREE — ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☑ | 22c. DATE SIGNED: 6/11/83 |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT): HOWARD G. LANHAM M.D. | 22e. ADDRESS: 215 WASHINGTON HGTS MED. CENTER WESTMINSTER | |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | 23b. DATE: 6-14-1983 | 23c. NAME OF CEMETERY OR CREMATORY: Westminster | 23d. LOCATION CITY OR TOWN: Westminster COUNTY: Carroll Md. |
| 24. FUNERAL DIRECTOR NAME: Thomas D. Fletcher | ADDRESS: 254 E. Main St. Westminster Md. 21157 | 25a. DATE REC'D. BY REGISTRAR: JUN 14 1983 | 25b. REGISTRAR'S SIGNATURE: [signature] |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within ... death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at ...

BP____

DHMH - 16 50M 1/81
(VRA 15, 4)

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

83 16108
REG. NO.

| | | | |
|---|---|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST: Milroy W. HARRISON | | 2a. DATE OF DEATH MONTH DAY YEAR: 6-2-83 | 2b. HOUR: 1527 P.M. |
| 3. SEX: Male | 4. RACE: White | 5. DATE OF BIRTH MONTH DAY YEAR: May 27, 1910 | 6. AGE (IN YEARS LAST BIRTHDAY): 73 YRS. IF UNDER 1 YEAR MONTHS DAYS; IF UNDER 24 HRS HOURS MIN. |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Md. | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 9. BALTIMORE CITY OR COUNTY OF DEATH: CARROll MD. |
| 10. CITY OR TOWN OF DEATH: Westminster | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): CARROll County Hospital | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Engineer | 12b. KIND OF BUSINESS OR INDUSTRY: State Hospital |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| | | | | |
|---|---|---|---|---|
| 13a. STATE: Md. | 13b. COUNTY: CARROll | 13c. CITY OR TOWN: Sykesville | 13d. INSIDE CITY LIMITS? YES ☐ NO ☒ | 13e. STREET ADDRESS: 6369 Barnett Ave 21784 |
| 14. FATHER'S NAME FIRST MIDDLE LAST: George HARRISON | | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: Annie Schaffer | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No | (IF YES, GIVE WAR OR DATES): — | 16b. SOCIAL SECURITY NO.: 217 16 3895 | 17. INFORMANT: Carlyn C. HARRISON | ADDRESS |

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

4100

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Ventricular fibrillation | 1 hour |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) | Acute Myocardial Infarction | 1 hour |
| DUE TO, OR AS A CONSEQUENCE OF (c) | | |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

| | | | |
|---|---|---|---|
| 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES ☐ NO ☐ | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐ |
| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | |
| 21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET CITY OR TOWN COUNTY STATE | |

22a. I certify that (I) (this hospital) attended the deceased from 10-24- 1977 to 6-2- 1983, that (I) (we) last saw the deceased alive on 5-19- 1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (~~did not~~) view the body after death.

| | | |
|---|---|---|
| 22b. SIGNATURE: Chitrachedu Naganna MD | DEGREE: ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ | 22c. DATE SIGNED: 6/2/83 |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT): CHITRACHEDU NAGANNA | 22e. ADDRESS: 174 E. Main St Westminster MD 21157 | |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | 23b. DATE: 6-5-83 | 23c. NAME OF CEMETERY OR CREMATORY: Springfield Cemetery | 23d. LOCATION CITY OR TOWN: Sykesville COUNTY: Carroll STATE: Md. |
| 24. FUNERAL DIRECTOR NAME: Harry W. Haight ADDRESS: Sykesville, Md. | | 25a. DATE REC'D. BY REGISTRAR: JUN 3 1983 | 25b. REGISTRAR'S SIGNATURE: John J. Carrick |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

35 60 35 0160 1 9 9 1

BP______

DHMH-16 50M 1/81 (VRA 15, 4)

4

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the [illegible] death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at [illegible]

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
**CERTIFICATE OF DEATH**

83 16109
REG. NO.

| Field | Entry |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) First / Middle / Last | ERNEST F HEINTZ |
| 2a. DATE OF DEATH Month Day Year | 6-13-83 |
| 2b. HOUR | 6 AM |
| 3. SEX | MALE |
| 4. RACE | White |
| 5. DATE OF BIRTH Month Day Year | 3-18-1904 |
| 6. AGE (IN YEARS LAST BIRTHDAY) | 79 YRS. |
| IF UNDER 1 YEAR Months / Days | |
| IF UNDER 24 HRS Hours / Min | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | OKLA. |
| 7b. CITIZEN OF WHAT COUNTRY? | U.S.A. |
| 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ | WIDOWED |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | CARROLL CO. MD. |
| 10. CITY OR TOWN OF DEATH | Westminster |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | CARROLL LUTHERN VILLAGE |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | CARPENTER |
| 12b. KIND OF BUSINESS OR INDUSTRY | Building |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE | Md. |
| 13b. COUNTY | Howard |
| 13c. CITY OR TOWN | Ellicott City |
| 13d. INSIDE CITY LIMITS? YES ☐ NO ☑ | NO |
| 13e. STREET ADDRESS | 11350 Frederick Rd. Ellicott City Md. 21043 |
| 14. FATHER'S NAME First / Middle / Last | August Heintz |
| 15. MOTHER'S MAIDEN NAME First / Middle / Last | WILHELMINA Krause |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | N/A |
| 16b. SOCIAL SECURITY NO. | 217-12-1747-A |
| 17. INFORMANT | C. CARROLL HEINTZ |
| ADDRESS | 9523 Old Annapolis Rd. Ellicott City, Md. 21043 |

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4960

IMMEDIATE CAUSE (a) RESPIRATORY FAILURE

DUE TO, OR AS A CONSEQUENCE OF
(b) CHRONIC OBSTRUCTIVE LUNG DISEASE

DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a DATE OF OPERATION — 19b CONDITION FOR WHICH OPERATION WAS PERFORMED — 20a. AUTOPSY? YES ☐ NO ☑ — 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 — 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) — 21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I **certify** that (I) (this hospital) attended the deceased from 5/30 19 83, to 6/13 19 83, that (I) (we) last saw the deceased alive on 6/13/83 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Howard G Lanham MD — DEGREE — ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☑ — 22c. DATE SIGNED 6/13/83

22d. PHYSICIAN'S NAME (TYPE OR PRINT) HOWARD G. LANHAM, M.D. — 22e ADDRESS 215 WASHINGTON HGTS MED CTR WESTMINSTER

| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION City or Town / County / State |
|---|---|---|---|
| Burial | June 15, 83 | Meadowridge Mem. | Elkridge, Howard, Md |

| 24. FUNERAL DIRECTOR Name / Address | 25a. DATE REC'D. BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE |
|---|---|---|
| Slack Funeral Home, 3871 Columbia Rd. Ellicott City, Md. 21043 | JUN 15 1983 | John J. Carroll |

BP______

DHMH-16 50M 1/81 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

83 16110
REG. NO.

| Field | Entry |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) — FIRST / MIDDLE / LAST | HELEN / Rice / HEMP |
| 2a. DATE OF DEATH — MONTH / DAY / YEAR | 06 / 13 / 83 |
| 2b. HOUR | 1827 M |
| 3. SEX | Female |
| 4. RACE | Caucas |
| 5. DATE OF BIRTH — MONTH / DAY / YEAR | 4 / 14 / 01 |
| 6. AGE (IN YEARS LAST BIRTHDAY) | 82 YRS |
| IF UNDER 1 YEAR — MONTHS / DAYS; IF UNDER 24 HRS — HOURS / MIN | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | Maryland |
| 7b. CITIZEN OF WHAT COUNTRY? | U.S.A. |
| 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ | Widowed |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | Carroll MD. |
| 10. CITY OR TOWN OF DEATH | Westminster |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | Carroll Lutheran Village |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | Teacher |
| 12b. KIND OF BUSINESS OR INDUSTRY | School |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE | Md |
| 13b. COUNTY | Carroll |
| 13c. CITY OR TOWN | Westminster |
| 13d. INSIDE CITY LIMITS? YES ☒ NO ☐ | Yes |
| 13e. STREET ADDRESS | 619 Washington Rd. 21157 |
| 14. FATHER'S NAME — FIRST / MIDDLE / LAST | Fulton / B / Rice |
| 15. MOTHER'S MAIDEN NAME — FIRST / MIDDLE / LAST | Sallie / / Schaeffer |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | No |
| 16b. SOCIAL SECURITY NO. | 212-38-7591 |
| 17. INFORMANT — ADDRESS | Robert R. Hemp 619 Washington Rd. Westminster, Md. 21157 |

Margin: 35 90 35 060 1

**MEDICAL CERTIFICATION**

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY

4292 IMMEDIATE CAUSE (a) ASCVD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

DUE TO, OR AS A CONSEQUENCE OF (b)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Adenocarcinoma colon

| 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES ☐ NO ☐ | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐ |
|---|---|---|---|
| | | | |

| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) |
|---|---|---|
| 21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f LOCATION STREET / CITY OR TOWN / COUNTY / STATE |

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22a. I certify that (I) (this hospital) attended the deceased from 10-5, 19 81, to 6-13, 19 83, that (I) (we) last saw the deceased alive on 5-26 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Alva S. Baker MD — DEGREE — ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐

22c. DATE SIGNED: 06-13-83

1 22d. PHYSICIAN'S NAME (TYPE OR PRINT): Alva S. Baker, M.D.

22e. ADDRESS: 218 Wash Hgts Med Ctr Westminster MD 21157

| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN / COUNTY / STATE |
|---|---|---|---|
| Burial | 6-16-83 | St. Marks Cemetery | Petersville / Frederick / Md. |

BP______

24 FUNERAL DIRECTOR NAME / ADDRESS: Thomas D. Fletcher & Son P.A. 254 East Main St. Westminster, Md. 21157

25a. DATE REC'D. BY REGISTRAR: JUN 16 1983

25b. REGISTRAR'S SIGNATURE: John L. Carroll

DHMH - 16 60M 1/75 (VR A 15 (4))

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1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
**CERTIFICATE OF DEATH**

83 161111
REG. NO.

| Field | Entry |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) — FIRST / MIDDLE / LAST | Hilda Viola Hersh |
| 2a. DATE OF DEATH — MONTH / DAY / YEAR | 6 9 83 |
| 2b. HOUR | 2:32A.M. |
| 3. SEX | Female |
| 4. RACE | White |
| 5. DATE OF BIRTH — MONTH / DAY / YEAR | Feb 15, 1908 |
| 6. AGE (IN YEARS LAST BIRTHDAY) | 75 YRS. |
| IF UNDER 1 YEAR — MONTHS / DAYS | |
| IF UNDER 24 HRS — HOURS / MIN. | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | Penna. |
| 7b. CITIZEN OF WHAT COUNTRY? | U.S.A |
| 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ | Widowed |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | Carroll County MD. |
| 10. CITY OR TOWN OF DEATH | Westminster |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | Carroll Co. Gen. Hosp. |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | Shipper |
| 12b. KIND OF BUSINESS OR INDUSTRY | Publishing Co. |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE | Md |
| 13b. COUNTY | Carroll |
| 13c. CITY OR TOWN | Manchester |
| 13d. INSIDE CITY LIMITS? YES ☐ NO ☑ | No |
| 13e. STREET ADDRESS | 4410 Hanover Pike 21102 |
| 14. FATHER'S NAME — FIRST / MIDDLE / LAST | Dallas Barnhart |
| 15. MOTHER'S MAIDEN NAME — FIRST / MIDDLE / LAST | Carrie Jones |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | No |
| (IF YES, GIVE WAR OR DATES) | |
| 16b. SOCIAL SECURITY NO. | 215-20-9844 |
| 17. INFORMANT | Arlene Myers |
| ADDRESS | 463 E. Green St. Westminster, Md |

**MEDICAL CERTIFICATION**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

1991

IMMEDIATE CAUSE (a) METASTATIC ADENOCARCINOMA

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
DIABETES MELLITUS

| Field | Entry |
|---|---|
| 19a. DATE OF OPERATION | |
| 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | |
| 20a. AUTOPSY? YES ☐ NO ☐ | |
| 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐ | |
| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| 21b. TIME OF INJURY — HOUR A.M. P.M. MONTH DAY YEAR 19 | |
| 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) | |
| 21d. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | |
| 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | |
| 21f. LOCATION — STREET / CITY OR TOWN / COUNTY / STATE | |

22a. **I certify** that (I) (this hospital) attended the deceased from 5-17, 19 83, to 6-9, 19 83, that (I) (we) last saw the deceased alive on 6-8, 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

| Field | Entry |
|---|---|
| 22b. SIGNATURE | [signature] MD |
| DEGREE — ATTENDING PHYSICIAN ☑ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ | Attending Physician |
| 22c. DATE SIGNED | |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT) | MANUEL J. SEVILLA |
| 22e. ADDRESS | 414C Malcolm Dr. WESTMINSTER |
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | Burial |
| 23b. DATE | June 11, 1983 |
| 23c. NAME OF CEMETERY OR CREMATORY | Bixlers Ch. Cem. |
| 23d. LOCATION — CITY OR TOWN / COUNTY / STATE | Westminster, Carroll, Md |
| 24. FUNERAL DIRECTOR — NAME / ADDRESS | H. G. Eckhardt, Manchester, Md. |
| 25a. DATE REC'D. BY REGISTRAR | JUN 13 1983 |
| 25b. REGISTRAR'S SIGNATURE | John J. Cahill [signature] |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within [illegible] after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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BP______

DHMH - 16 50M 4/82
(VRA 15, 4)

FOR 1 - STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
**CERTIFICATE OF DEATH**

83 16112
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST: MARIE ALVENE HIGHTOWER
2a. DATE OF DEATH MONTH DAY YEAR: June 11, 1983
2b. HOUR: 11:30 A.M.
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH MONTH DAY YEAR: March 14, 1927
6. AGE (IN YEARS LAST BIRTHDAY): 56 YRS. | IF UNDER 1 YEAR: MONTHS DAYS | IF UNDER 24 HRS: HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll Co. MD.
10. CITY OR TOWN OF DEATH: Westminster
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 923 Wampler Lane
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Art Dept.
12b. KIND OF BUSINESS OR INDUSTRY: Continental Can

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Maryland
13b. COUNTY: Carroll
13c. CITY OR TOWN: Westminster
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET ADDRESS: 923 Wampler Lane-21157
14. FATHER'S NAME FIRST MIDDLE LAST: Thomas E. Harrison
15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: Anna Kreuger
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No
(IF YES, GIVE WAR OR DATES)
16b. SOCIAL SECURITY NO.: 218-22-8157A
17. INFORMANT ADDRESS: Wm.R.Hightower-923 Wampler Lane Westminster,Md.21157

**MEDICAL CERTIFICATION**

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIOPULMONARY ARREST
1749
DUE TO, OR AS A CONSEQUENCE OF
(b) METASTATIC BREAST CANCER
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
DUE TO, OR AS A CONSEQUENCE OF
(c)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [ ]
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ ] NO [ ]
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from FEBRUARY 19 83 to JUNE 19 83, that (I) (we) last saw the deceased alive on JUNE 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
22b. SIGNATURE: Gary Irvin Cohen DEGREE: MD ATTENDING PHYSICIAN [X] MEDICAL DIRECTOR [ ] STAFF PHYSICIAN [ ]
22c. DATE SIGNED: 6/12/83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): GARY IRVIN COHEN
22e. ADDRESS: 711 W. 40th ST. BALTIMORE, MD 21211

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
23b. DATE: Jun 13,1983
23c. NAME OF CEMETERY OR CREMATORY: Greenmount
23d. LOCATION CITY OR TOWN COUNTY STATE: Baltimore Md.
24. FUNERAL DIRECTOR ADDRESS: ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 HARFORD RD. BALTO., MD. 21214
25a. DATE REC'D. BY REGISTRAR: JUN 13 1983
25b. REGISTRAR'S SIGNATURE: John J. Connell

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

BP______

DHMH-16 30M 2/80 (VRA 15, 4)

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
# CERTIFICATE OF DEATH

83 161113
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) FIRST: Lottie MIDDLE: B. LAST: Jaeger

2a. DATE OF DEATH MONTH DAY YEAR: June 6, 1983

2b. HOUR: 4 P.M.

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH MONTH DAY YEAR: April 6, 1892

6. AGE (IN YEARS LAST BIRTHDAY): 91 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS: HOURS / MIN.

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Md.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll MD.

10. CITY OR TOWN OF DEATH: Marriottsville

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 1749 Arrington Rd.

12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Homemaker

12b. KIND OF BUSINESS OR INDUSTRY: Home

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE: Md.

13b. COUNTY: Carroll

13c. CITY OR TOWN: Marriottsville

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET ADDRESS: 1749 Arrington Rd. 21104

14. FATHER'S NAME FIRST: William MIDDLE: LAST: Hobbs

15. MOTHER'S MAIDEN NAME FIRST: Hattie MIDDLE: LAST: Arrington

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No

(IF YES, GIVE WAR OR DATES): —

16b. SOCIAL SECURITY NO.: 219 20 1304

17. INFORMANT: Raymond Jaeger ADDRESS: Marriottsville, Md

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

4100

IMMEDIATE CAUSE (a): ASHD, Hypertensive cardiovascular disease,

DUE TO, OR AS A CONSEQUENCE OF (b): chronic cardiac failure, myocardial infarc-

DUE TO, OR AS A CONSEQUENCE OF (c): tion

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION STREET / CITY OR TOWN / COUNTY / STATE

22a. I certify that (I) (this hospital) attended the deceased from 1960, 19___, to 6-6-83, 19___, that (I) ~~(we)~~ last saw the deceased alive on 6-6-83 19___, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE: Howard E. Hall

DEGREE: M.D.

ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐

22c. DATE SIGNED: 6-8-83

22d. PHYSICIAN'S NAME (TYPE OR PRINT): Howard E. Hall, M.D., P.A.

22e. ADDRESS: PO Box 318 Sykesville, Md. 21784

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

23b. DATE: 6-9-83

23c. NAME OF CEMETERY OR CREMATORY: Lake View Cemetery

23d. LOCATION CITY OR TOWN: Sykesville COUNTY: Carroll STATE: Md.

24. FUNERAL DIRECTOR NAME: Harry W. Haight ADDRESS: Sykesville, Md.

25a. DATE REC'D BY REGISTRAR: JUN 10 1983

25b. REGISTRAR'S SIGNATURE: John J. Comiefo

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within [illegible] with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified [illegible]

BP______

DHMH - 16 50M 1/81 (VRA 15, 4)

6

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
**CERTIFICATE OF DEATH**

83 16114
REG. NO.

| Field | Entry |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) — FIRST / MIDDLE / LAST | William / / Jaegar |
| 2a. DATE OF DEATH — MONTH DAY YEAR | 6-11-83 |
| 2b. HOUR | 5 47 PM |
| 3. SEX | Male |
| 4. RACE | White |
| 5. DATE OF BIRTH — MONTH DAY YEAR | 6 30 92 |
| 6. AGE (IN YEARS LAST BIRTHDAY) | 90 YRS. |
| IF UNDER 1 YEAR — MONTHS / DAYS | |
| IF UNDER 24 HRS — HOURS / MIN. | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | MARYLAND |
| 7b. CITIZEN OF WHAT COUNTRY? | U.S. |
| 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ | WIDOWED |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | Carroll County MD. |
| 10. CITY OR TOWN OF DEATH | Sykesville |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | Fairhaven |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | Printer |
| 12b. KIND OF BUSINESS OR INDUSTRY | Printing |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| Field | Entry |
|---|---|
| 13a. STATE | Maryland |
| 13b. COUNTY | Howard |
| 13c. CITY OR TOWN | West Friendship |
| 13d. INSIDE CITY LIMITS? YES ☐ NO ☒ | NO |
| 13e. STREET ADDRESS | 3505 Rt. 32 21794 |
| 14. FATHER'S NAME — FIRST / MIDDLE / LAST | George / F. / Jaegar |
| 15. MOTHER'S MAIDEN NAME — FIRST / MIDDLE / LAST | Carolin / L. / |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | NO |
| (IF YES, GIVE WAR OR DATES) | --------- |
| 16b. SOCIAL SECURITY NO. | 218-05-3523 |
| 17. INFORMANT — ADDRESS | Fairhaven Nurseing Center — Sykesville, Md. |

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

1539

IMMEDIATE CAUSE (a) Adenocarcinoma of the colon

DUE TO, OR AS A CONSEQUENCE OF
(b) Dementia

DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY — HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION — STREET, CITY OR TOWN, COUNTY, STATE

22a. **I certify** that (I) (this hospital) attended the deceased from 8/10, 19 82, to 6/11, 19 83, that (I) (we) last saw the deceased alive on 6/11 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Patrick A Turnos, MD
DEGREE
ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
22c. DATE SIGNED: 6/11/83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): PATRICK A TURNOS, MD
22e. ADDRESS: 7200 E. 3rd Ave Sykesville, Md

| Field | Entry |
|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | Burial |
| 23b. DATE | 6-14-83 |
| 23c. NAME OF CEMETERY OR CREMATORY | Loudon Cemetery |
| 23d. LOCATION — CITY OR TOWN, COUNTY, STATE | Baltimore City, Maryland |
| 24. FUNERAL DIRECTOR — NAME / ADDRESS | Harry W. Haight / Sykesville, Md. |
| 25a. DATE REC'D. BY REGISTRAR | JUN 13 1983 |
| 25b. REGISTRAR'S SIGNATURE | John J. Carroll |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours of death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP______

DHMH-16 30M 2/80 (VRA 15, 4)

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 83 16115

6

- **1. DECEASED NAME** (TYPE OR PRINT) — FIRST: F. — MIDDLE: Russell — LAST: Joyce
- **2a. DATE OF DEATH** — KNOWN ☒ ESTIMATED ☐ — MONTH 6 DAY 3 YEAR 1983
- **2b. HOUR** 10:00 PM
- **3. SEX** Male
- **4. RACE** White
- **5. DATE OF BIRTH** — MONTH 7 DAY 17 YEAR 06
- **6. AGE** (IN YEARS LAST BIRTHDAY) 76 YRS. — IF UNDER 1 YR. MONTHS / DAYS — IF UNDER 24 HRS. HOURS / MIN
- **2c. DATE PRONOUNCED DEAD** — MONTH 6 DAY 3 YEAR 1983
- **2d. HOUR** 11:25 P.M.
- **7a. BIRTHPLACE** (STATE OR FOREIGN COUNTRY) Maryland
- **7b. CITIZEN OF WHAT COUNTRY?** USA
- **8.** MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
- **9. BALTIMORE CITY OR COUNTY OF DEATH** Carroll Co. MD.
- **10. CITY OR TOWN OF DEATH** Westminster
- **11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION** (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Carroll County Gen'l Hospital
- **12a. USUAL OCCUPATION** (TYPE OF WORK FOR MOST OF WORKING LIFE) Equipment Operator
- **12b. KIND OF BUSINESS OR INDUSTRY** Roads
- **13. RESIDENCE** (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
  - 13a. STATE Md.
  - 13b. COUNTY Carroll
  - 13c. CITY OR TOWN Hampstead
  - 13d. INSIDE CITY LIMITS? YES ☐ NO ☒
  - 13e. STREET ADDRESS 2812 Willowview Ct. 21074
- **14. FATHER'S NAME** — FIRST Frank — MIDDLE R. — LAST Joyce
- **15. MOTHER'S MAIDEN NAME** — FIRST Bertie — MIDDLE J. — LAST Bolen
- **16a. WAS DECEASED EVER IN U.S. ARMED FORCES?** (YES, NO, OR UNKNOWN) no — (IF YES, GIVE WAR OR DATES)
- **16b. SOCIAL SECURITY NO.** 216-07-0761
- **17. INFORMANT** — ADDRESS: Mrs. Margaret DeVeas, Hampstead, Md.

## MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4292

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

- **19a. DATE OF OPERATION**
- **19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?**
- **20. AUTOPSY?** YES ☐ NO ☒
- **21a. EXTERNAL CAUSE WAS** UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
- **21b. TIME OF INJURY** HOUR A.M. P.M. MONTH DAY YEAR 19
- **21c. HOW INJURY OCCURRED** (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
- **21d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
- **21e. PLACE OF INJURY** (AT HOME, STREET, FACTORY, FARM, ETC.)
- **21f. LOCATION** STREET / CITY OR TOWN / COUNTY / STATE

22a. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ and in my opinion death resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D. TITLE (SPECIFY) Deputy MEDICAL EXAMINER DATE SIGNED 3 June 83

EXAMINER'S NAME (TYPE OR PRINT) Richard A. Jones ADDRESS Carroll County General Hosp

- **23a. BURIAL, CREMATION, REMOVAL** (SPECIFY) Burial
- **23b. DATE** 6-6-83
- **23c. NAME OF CEMETERY OR CREMATORY** Black Rock Cemetery
- **23d. LOCATION** CITY OR TOWN Butler — COUNTY Balto. — STATE Md.
- **24. FUNERAL DIRECTOR** NAME / ADDRESS: Eline Funeral Home, Hampstead, Md. 21074
- **25a. DATE RECEIVED BY REGISTRAR** JUN 6 1983
- **25b. REGISTRAR'S SIGNATURE** [signature]

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

**TO MEDICAL EXAMINER:** THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. **TO FUNERAL DIRECTOR:** PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

BP______

DHMH-17 (VR A15 ME (5)) 15M 2/80

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

83 16116
REG. NO.

- 1. DECEASED NAME (TYPE OR PRINT) — FIRST: Harry — MIDDLE: T. — LAST: Kay
- 2a. DATE OF DEATH (MONTH DAY YEAR): June 8, 1983
- 2b. HOUR: 3 30 P M
- 3. SEX: Male
- 4. RACE: White
- 5. DATE OF BIRTH (MONTH DAY YEAR): August 16, 1905
- 6. AGE (IN YEARS LAST BIRTHDAY): 77 YRS.
- IF UNDER 1 YEAR: MONTHS / DAYS
- IF UNDER 24 HRS: HOURS / MIN.
- 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Md.
- 7b. CITIZEN OF WHAT COUNTRY?: USA
- 8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
- 9. BALTIMORE CITY OR COUNTY OF DEATH: ~~Baltimore/County~~ Carroll MD.
- 10. CITY OR TOWN OF DEATH: Westminster
- 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Carroll Co. General Hospt.
- 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Retired G&E
- 12b. KIND OF BUSINESS OR INDUSTRY:

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

- 13a. STATE: Md.
- 13b. COUNTY: Baltimore
- 13c. CITY OR TOWN: Reisterstown
- 13d. INSIDE CITY LIMITS? YES [ ] NO [X]
- 13e. STREET ADDRESS: 19 Chatsworth Ave. 21136
- 14. FATHER'S NAME — FIRST: Charles — MIDDLE: M. — LAST: Kay
- 15. MOTHER'S MAIDEN NAME — FIRST: Lenora — MIDDLE: — LAST: Ewing
- 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): no — (IF YES, GIVE WAR OR DATES)
- 16b. SOCIAL SECURITY NO.: 218-03-1316
- 17. INFORMANT — ADDRESS: Mrs. Naomi S. Kay, Reisterstown, Md.

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

1889

- IMMEDIATE CAUSE (a): CARDIOPULMONARY COLLAPSE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 24H
- DUE TO, OR AS A CONSEQUENCE OF (b): SEPSIS, CHF
- DUE TO, OR AS A CONSEQUENCE OF (c): METASTATIC CARCINOMA BLADDER

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

- 19a. DATE OF OPERATION: 5/2/83
- 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: BLADDER CA HEMORRHAGE
- 20a. AUTOPSY? YES [ ] NO [✓]
- 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ ] NO [✓]
- 21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
- 21b. TIME OF INJURY: HOUR A.M. P.M. MONTH DAY YEAR 19
- 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
- 21d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
- 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
- 21f. LOCATION: STREET / CITY OR TOWN / COUNTY / STATE

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from 4/17, 19 83, to 6/8, 19 83, that (I) ~~(we)~~ last saw the deceased alive on 6/8, 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

- 22b. SIGNATURE: Reynaldo P. Madrinan, M.D — DEGREE — ATTENDING PHYSICIAN [X] MEDICAL DIRECTOR [ ] STAFF PHYSICIAN [ ]
- 22c. DATE SIGNED: 6/8/83
- 22d. PHYSICIAN'S NAME (TYPE OR PRINT): REYNALDO P. MADRINAN
- 22e. ADDRESS: #2 CARROLL PLAZA WESTMINSTER MD
- 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
- 23b. DATE: June 11, 1983
- 23c. NAME OF CEMETERY OR CREMATORY: All Saints Cemetery
- 23d. LOCATION (CITY OR TOWN, COUNTY): Reisterstown, Balto. 21? Md.
- 24. FUNERAL DIRECTOR — NAME, ADDRESS: Eline Funeral Home, Reisterstown, Md.
- 25a. DATE REC'D. BY REGISTRAR: JUN 13 1983
- 25b. REGISTRAR'S SIGNATURE: [signature]

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within ... hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

BP______

DHMH - 16 50M 1/81 (VRA 15, 4)

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

83 16117
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST: EMMETT Elisha Kelly
2a. DATE OF DEATH MONTH DAY YEAR: 6-19-83
2b. HOUR: 5 40 PM
3. SEX: MALE
4. RACE: Amer Indian White 3
5. DATE OF BIRTH MONTH DAY YEAR: 4-17-95
6. AGE (IN YEARS LAST BIRTHDAY): 88 YRS. IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): NORTH CAROLINA
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. BALTIMORE CITY OR COUNTY OF DEATH: CARROll MD.
10. CITY OR TOWN OF DEATH: Sykesville
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Springfield Hospital Center
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): FARMER
12b. KIND OF BUSINESS OR INDUSTRY: FARMING
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Md.
13b. COUNTY: CARROll
13c. CITY OR TOWN: Sykesville
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET ADDRESS: Sykesville, Md 21784
14. FATHER'S NAME FIRST MIDDLE LAST: John Kelly
15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: CORA DAVIS
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): Yes (IF YES, GIVE WAR OR DATES): Unknown
16b. SOCIAL SECURITY NO.: 220-10-2002
17. INFORMANT ADDRESS: Records: Springfield Hospital Center

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): aspiration Pneumonia
4360
DUE TO, OR AS A CONSEQUENCE OF (b): CVA
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (c):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION
19b CONDITION FOR WHICH OPERATION WAS PERFORMED
20a AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from 12-26, 19 79, to 6-19, 19 83, that (I) (we) last saw the deceased alive on 6-19 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
22b. SIGNATURE: [signature] M.D.
DEGREE: ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☑
22c. DATE SIGNED: 6/19/83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): J. LEE, M.D.
22e ADDRESS: Springfield Hospital
23a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
23b. DATE: 6-24-83
23c. NAME OF CEMETERY OR CREMATORY: Springfield Cemetery
23d. LOCATION CITY OR TOWN COUNTY STATE: Sykesville Carroll Md
24 FUNERAL DIRECTOR NAME: [signature]
ADDRESS: Sykesville, Md.
25a. DATE REC'D. BY REGISTRAR: JUN 27 1983
25b. REGISTRAR'S SIGNATURE: [signature]

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP______

DHMH-1650M 1/81 (VRA 15, 4)

#13e,per F.H. 6/21/83 kam

H.C. 4

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR ~~HELEN~~

REG. NO. 83 16118

| | | | |
|---|---|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST: HELEN MIDDLE: L. LAST: KLIPP | | 2a. DATE OF DEATH MONTH 6 DAY 2 YEAR 83 | 2b. HOUR 23:07 PM |
| 3. SEX: FEMALE | 4. RACE: CAUCASIAN | 5. DATE OF BIRTH MONTH 3 DAY 3 YEAR 12 | 6. AGE (IN YEARS LAST BIRTHDAY) 71 YRS. IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS HOURS MIN. |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maryland | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 9. BALTIMORE CITY OR COUNTY OF DEATH: CARROLL COUNTY MD. |
| 10. CITY OR TOWN OF DEATH: WESTMINSTER | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): CARROLL CO. GENERAL HOSPITAL | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): HOUSEWIFE | 12b. KIND OF BUSINESS OR INDUSTRY: — |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| | | | | |
|---|---|---|---|---|
| 13a. STATE: MARYLAND | 13b. COUNTY: CARROLL | 13c. CITY OR TOWN: MIDDLEBURG | 13d. INSIDE CITY LIMITS? YES ☒ NO ☐ | 13e. STREET ADDRESS: 6200 Middleburg Road 21768 |

14. FATHER'S NAME FIRST: Clarence MIDDLE: E. LAST: Fogle
15. MOTHER'S MAIDEN NAME FIRST: Martha MIDDLE: L. LAST: Hafleigh

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): no (IF YES, GIVE WAR OR DATES): - - - - -
16b. SOCIAL SECURITY NO.: 219-58-0568
17. INFORMANT ADDRESS: ~~xxxxxxxxxx~~ Mr. Wm. R. Klipp 18 E. 5th St., Frederick, Md. 21701

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ATHEROSCLEROTIC CORONARY VASCULAR DISEASE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 yr.

4149

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from 7-21, 19 77, to 6-2, 19 83, that (I) (we) last saw the deceased alive on 5-7, 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Wm R. Lin, M.D. DEGREE ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
22c. DATE SIGNED 6/3/83
22d. PHYSICIAN'S NAME (TYPE OR PRINT) Wm. R. LINTHICUM, M.D.
22e. ADDRESS TANEYTOWN, MARYLAND 21787 Md.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
23b. DATE June 6, 1983
23c. NAME OF CEMETERY OR CREMATORY Central Cemetery
23d. LOCATION CITY OR TOWN COUNTY STATE near New Market Frederick

24. FUNERAL DIRECTOR NAME ADDRESS Smith Keeney Basford F.H. Funeral Home 106 E. Church St., Fred. Md. 21701
25a. DATE REC'D. BY REGISTRAR JUN 8 1983
25b. REGISTRAR'S SIGNATURE John J. Cornell

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP____

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

83 161119
REG. NO.

| Field | Entry |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST | RUSSELL MELVIN KOONTZ |
| 2a. DATE OF DEATH MONTH DAY YEAR | 6 14 83 |
| 2b. HOUR | 5:39 Am |
| 3. SEX | M |
| 4. RACE | W |
| 5. DATE OF BIRTH MONTH DAY YEAR | JAN 24 1903 |
| 6. AGE (IN YEARS LAST BIRTHDAY) | 80 YRS |
| IF UNDER 1 YEAR MONTHS DAYS / IF UNDER 24 HRS HOURS MIN. | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | MARYLAND |
| 7b. CITIZEN OF WHAT COUNTRY? | USA |
| 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | MARRIED |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | CARROLL MD. |
| 10. CITY OR TOWN OF DEATH | WESTMINSTER |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | CARROLL Co GENERAL HOSPITAL 21157 |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | OWN FARM |
| 12b. KIND OF BUSINESS OR INDUSTRY | FARMER |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE | MARYLAND |
| 13b. COUNTY | CARROLL |
| 13c. CITY OR TOWN | NEW WINDSOR 21776 |
| 13d. INSIDE CITY LIMITS? YES ☒ NO ☐ | YES |
| 13e. STREET ADDRESS | 305 MAPLE AVE 21776 |
| 14. FATHER'S NAME FIRST MIDDLE LAST | MILTON KOONTZ |
| 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST | ANNIE SNOOK |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | NO |
| 16b. SOCIAL SECURITY NO. | 220-28-3240 |
| 17. INFORMANT / ADDRESS | BERNICE KOONTZ 305 MAPEL AVE NEW WINDSOR MD 21776 |

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

4100

IMMEDIATE CAUSE (a) CARDIAC ARREST

DUE TO, OR AS A CONSEQUENCE OF (b) ACUTE M.I.

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CHF.

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from 6-10, 1983, to 6-14, 1983, that (I) (we) last saw the deceased alive on 6-14 1983 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE [signature] DEGREE MD
ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☒
22c. DATE SIGNED 6-14-83
22d. PHYSICIAN'S NAME (TYPE OR PRINT) MANUEL J. SEVILLA
22e. ADDRESS 419C MALCOLM DR. WESTMINSTER

| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN / COUNTY / STATE |
|---|---|---|---|
| BURIAL | 6-16-83 | PIPE CREEK | NEW WINDSOR MD |

| 24. FUNERAL DIRECTOR NAME / ADDRESS | 25a. DATE REC'D. BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE |
|---|---|---|
| D D Hartzler New Windsor Md | JUN 17 1983 | [signature] |

35 60 35 0160 1 9 9 1

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed ... after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

BP____

DHMH - 16 50M 1/81 (VRA 15, 4)

1- FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

83 16120
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) FIRST: Katherine MIDDLE: Virginia LAST: Korman

2a. DATE OF DEATH KNOWN XX ESTIMATED ☐ MONTH 6 DAY 11 YEAR 19 83

2b. HOUR M

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH MONTH DAY YEAR: Aug. 7,1913

6. AGE (IN YEARS LAST BIRTHDAY): 69 YRS.

IF UNDER 1 YR. MONTHS DAYS

IF UNDER 24 HRS. HOURS MIN.

2c. DATE PRONOUNCED DEAD MONTH 6 DAY 11 YEAR 19 83

2d. HOUR 11:15 a M

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maryland

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County, MD.

10. CITY OR TOWN OF DEATH: Finksburg

11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 2017 Sandy Mount Road

12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Cable Lacer

12b. KIND OF BUSINESS OR INDUSTRY: Bendix Corp.

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE: Md.

13b. COUNTY: Carroll

13c. CITY OR TOWN: Finksburg

13d. INSIDE CITY LIMITS? YES ☐ NO X

13e. STREET ADDRESS: 2017 Sandy Mount Rd. 21048

14. FATHER'S NAME FIRST: Horace MIDDLE: LAST: Strewig

15. MOTHER'S MAIDEN NAME FIRST: Edith MIDDLE: LAST: Higgs

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, GIVE WAR OR DATES)

16b. SOCIAL SECURITY NO.: 215-24-8613

17. INFORMANT: Fred M. Korman, Jr. ADDRESS: 2017 Sandy Mount Rd., Finksburg, Md. 21048

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:

4280

IMMEDIATE CAUSE (a) Congestive heart failure

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).

Seizure disorder

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☐ NO X

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)

21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection X Inquiry ☐ and in my opinion death resulted from Natural causes X Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D. TITLE (SPECIFY) Dty. Chief MEDICAL EXAMINER DATE SIGNED 6/12/83

EXAMINER'S NAME (TYPE OR PRINT) Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto., MD.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

23b. DATE: June 14,1983

23c. NAME OF CEMETERY OR CREMATORY: All Saints Cemetery

23d. LOCATION CITY OR TOWN COUNTY STATE: Reisterstown, Balto., Md.

24. FUNERAL DIRECTOR NAME: H. J. Eckhardt ADDRESS: Owings Mills, Md.

25. DATE REC'D. BY REGISTRAR: JUN 15 1983

26. REGISTRAR'S SIGNATURE: [signature]

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILE.
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

BP______

DHMH - 17
(VR A15 ME (5))
20M 4/82

6

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

83 161211
REG. NO.

- 1. DECEASED NAME (TYPE OR PRINT): First: Goldie; Middle: ELIZA; Last: Lippy
- 2a. DATE OF DEATH (Month Day Year): 6-24-83
- 2b. HOUR: 10^20 PM
- 3. SEX: FEMAlE
- 4. RACE: White
- 5. DATE OF BIRTH: Month 3, Day 3, Year 99
- 6. AGE (IN YEARS LAST BIRTHDAY): 84 YRS. | IF UNDER 1 YEAR: MONTHS / DAYS | IF UNDER 24 HRS: HOURS / MIN.
- 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): PENNSYLUANIA
- 7b. CITIZEN OF WHAT COUNTRY? U.S.
- 8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
- 9. BALTIMORE CITY OR COUNTY OF DEATH: CARROLL County MD.
- 10. CITY OR TOWN OF DEATH: MANchester
- 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Long View NURSING Home
- 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Sewing FActory
- 12b. KIND OF BUSINESS OR INDUSTRY: Seamstress

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

- 13a. STATE: md.
- 13b. COUNTY: CARROLL
- 13c. CITY OR TOWN: MANchester
- 13d. INSIDE CITY LIMITS? YES ☑ NO ☐
- 13e. STREET ADDRESS: 3254 YORK STREET 21102
- 14. FATHER'S NAME: First: JAcob; Middle: ; Last: Weaver
- 15. MOTHER'S MAIDEN NAME: First: ELIZABETH; Middle: ; Last: miller
- 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): NO (IF YES, GIVE WAR OR DATES)
- 16b. SOCIAL SECURITY NO.: 215-07-1605
- 17. INFORMANT: HARRY R. Lippy — ADDRESS: MANchester

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

- IMMEDIATE CAUSE (a): Cerebral vascular accident (recurrent) — 1 week
- DUE TO, OR AS A CONSEQUENCE OF (b): generalized Arteriosclerosis — 5 yrs
- DUE TO, OR AS A CONSEQUENCE OF (c):

4360

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): arteriosclerotic cardio vascular disease with atrial fibrillation

- 19a. DATE OF OPERATION:
- 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
- 20a. AUTOPSY? YES ☐ NO ☐
- 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
- 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
- 21b. TIME OF INJURY: HOUR A.M. P.M. MONTH DAY YEAR 19
- 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
- 21d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
- 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
- 21f. LOCATION: STREET / CITY OR TOWN / COUNTY / STATE

22a. I certify that (I) (this hospital) attended the deceased from Sept 1963, to June 24 1983, that (I) (we) last saw the deceased alive on June 24 1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

- 22b. SIGNATURE: W H Foard MD — DEGREE — ATTENDING PHYSICIAN ☑ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
- 22c. DATE SIGNED: 6/24/83
- 22d. PHYSICIAN'S NAME (TYPE OR PRINT): W. H FOARD MD
- 22e. ADDRESS: 3223 Main St Manchester Md 21102
- 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): BurIAL
- 23b. DATE: June 27, 1983
- 23c. NAME OF CEMETERY OR CREMATORY: New Lutheran Cem.
- 23d. LOCATION: CITY OR TOWN: Manchester; COUNTY: Carroll; STATE: Md
- 24. FUNERAL DIRECTOR: NAME: H. Eckhardt; ADDRESS: MAnchester, Md
- 25a. DATE REC'D. BY REGISTRAR: JUN 29 1983
- 25b. REGISTRAR'S SIGNATURE: John J. Carroll

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. ... may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within ... of death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP______

DHMH - 1650M 1/81 (VRA 15, 4)

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

83 16122
REG. NO.

| Field | Entry |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST | Andrew ANDREW Lopata LOPATA |
| 2a. DATE OF DEATH MONTH DAY YEAR | 06 20 83 |
| 2b. HOUR | 0737 M |
| 3. SEX | M MALE |
| 4. RACE | W WHITE |
| 5. DATE OF BIRTH MONTH DAY YEAR | 07 04 93 |
| 6. AGE (IN YEARS LAST BIRTHDAY) | 89 YRS. |
| IF UNDER 1 YEAR MONTHS / DAYS; IF UNDER 24 HRS HOURS / MIN. | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | RUSSIA |
| 7b. CITIZEN OF WHAT COUNTRY? | U.S.A. |
| 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | WIDOWED |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | CARROLL COUNTY MD. |
| 10. CITY OR TOWN OF DEATH | WESTMINISTER |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | CARROLL CO. GENERAL HOSPITAL |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | TAILOR |
| 12b. KIND OF BUSINESS OR INDUSTRY | TAILORING |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE | MARYLAND |
| 13b. COUNTY | CARROLL |
| 13c. CITY OR TOWN | WESTMINISTER |
| 13d. INSIDE CITY LIMITS? YES ☐ NO ☒ | NO |
| 13e. STREET ADDRESS | 2716 SYKESVILLE RD. 21159 |
| 14. FATHER'S NAME FIRST / MIDDLE / LAST | ANTIP LOPATA |
| 15. MOTHER'S MAIDEN NAME FIRST / MIDDLE / LAST | (UNKNOWN) |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | NO |
| (IF YES, GIVE WAR OR DATES) | ------------ |
| 16b. SOCIAL SECURITY NO. | 213-10-0299 |
| 17. INFORMANT / ADDRESS | ANTHONY LOPATA 2719 SYKESVILLE RD. 21159 Westminister, Md. |

## MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

4292

| | Cause | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Cardiogenic shock | 10 days |
| DUE TO, OR AS A CONSEQUENCE OF (b) | ASCVD | 5 yrs |
| DUE TO, OR AS A CONSEQUENCE OF (c) | | |

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from 19 77 to 6-20 19 83, that (I) (we) last saw the deceased alive on 6-20 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Alva S Baker MD

DEGREE

ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐

22c. DATE SIGNED 06-20-83

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Alva S. Baker M.D

22e. ADDRESS 218 Washington Heights Med Ctr Westminster MD 21157

| Field | Entry |
|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | BURIAL |
| 23b. DATE | 6/22/1983 |
| 23c. NAME OF CEMETERY OR CREMATORY | HOLY TRINITY CEMETERY |
| 23d. LOCATION CITY OR TOWN / COUNTY / STATE | ELKRIDGE MONTGOMERY MARYLAND |
| 24. FUNERAL DIRECTOR NAME / ADDRESS | DIPPEL FUNERAL HOMES 7110 BELAIR RD. BALTO. MD. |
| 25a. DATE REC'D. BY REGISTRAR | JUN 24 1983 |
| 25b. REGISTRAR'S SIGNATURE | John J. Carroll |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

97 60 35 60 1 2 9 1

BP____

DHMH-16 50M 1/81 (VRA 15, 4)

1- FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

83 16123
REG. NO.

- 1. DECEASED NAME (TYPE OR PRINT): FIRST Leroy MIDDLE J. LAST Maas Maas, Sr.
- 2a. DATE OF DEATH: KNOWN ☒ ESTIMATED ☐ MONTH 6 DAY 17 YEAR 19 83
- 2b. HOUR: 9:55 M
- 3. SEX: Male
- 4. RACE: White
- 5. DATE OF BIRTH: MONTH June DAY 19 YEAR 1903
- 6. AGE (IN YEARS LAST BIRTHDAY): 79 YRS.
- IF UNDER 1 YR.: MONTHS DAYS
- IF UNDER 24 HRS.: HOURS MIN.
- 2c. DATE PRONOUNCED DEAD: MONTH 6 DAY 17 YEAR 19 83
- 2d. HOUR: 10:10 M
- 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana
- 7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
- 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
- 9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll MD
- 10. CITY OR TOWN OF DEATH: Westminster
- 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Carroll County General Hospital
- 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): President
- 12b. KIND OF BUSINESS OR INDUSTRY: Southeastern Univ.

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

- 13a. STATE: Md. 21787
- 13b. COUNTY: Carroll
- 13c. CITY OR TOWN: Taneytown
- 13d. INSIDE CITY LIMITS? YES ☐ NO ☐
- 13e. STREET ADDRESS: 202 E Baltimore St. 21787
- 14. FATHER'S NAME: FIRST John MIDDLE J. LAST Maas
- 15. MOTHER'S MAIDEN NAME: FIRST Sarah MIDDLE LAST Miller
- 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, GIVE WAR OR DATES)
- 16b. SOCIAL SECURITY NO.: 579-01-2937
- 17. INFORMANT: Margaret J. Maas. ADDRESS: Same as item 13.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY:

4292

IMMEDIATE CAUSE (a) Atherosclerotic Cardiovascular

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Disease

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

- 19a. DATE OF OPERATION
- 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?
- 20. AUTOPSY? YES ☐ NO ☐
- 21a. EXTERNAL CAUSE WAS: UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
- 21b. TIME OF INJURY: HOUR A.M. P.M. MONTH DAY YEAR 19
- 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
- 21d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
- 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)
- 21f. LOCATION: STREET CITY OR TOWN COUNTY STATE

22a. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ and in my opinion death resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D. TITLE (SPECIFY) Deputy MEDICAL EXAMINER DATE SIGNED 18 June 83

EXAMINER'S NAME (TYPE OR PRINT): Richard A. Jones ADDRESS: Carroll County Gen Hosp.

- 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
- 23b. DATE: 6/21/1983
- 23c. NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery
- 23d. LOCATION: CITY OR TOWN Brentwood COUNTY STATE Maryland
- 24. FUNERAL DIRECTOR NAME: Joseph Gawler's Sons Inc. ADDRESS: 5130 Wisc. Ave., N.W. Wash., D.C.
- 25a. DATE REC'D. BY REGISTRAR: JUN 22 1983
- 25b. REGISTRAR'S SIGNATURE: John J. Cornell

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES.
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

BP

DHMH 117 (VR A15 ME (5)) 20M 4/82

8

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

REG. NO. 83 16124

| | | | |
|---|---|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST: ~~Magru~~ EVERETT G. Magruder | 2a DATE OF DEATH MONTH DAY YEAR: 6/13/83 | 2b HOUR: 7.50 AM | |
| 3. SEX: M | 4. RACE: Black | 5. DATE OF BIRTH MONTH DAY YEAR: Mar. 12 17 | 6. AGE (IN YEARS LAST BIRTHDAY): 66 YRS. — IF UNDER 1 YEAR MONTHS DAYS — IF UNDER 24 HRS HOURS MIN. |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Carroll | 7b. CITIZEN OF WHAT COUNTRY?: USA | 8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] | 9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll MD. |
| 10. CITY OR TOWN OF DEATH: Westminster | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): WNCC | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Laborer | 12b. KIND OF BUSINESS OR INDUSTRY: Amuset |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| | | | | |
|---|---|---|---|---|
| 13a. STATE: Md. | 13b. COUNTY: Carroll | 13c. CITY OR TOWN: Westminster | 13d. INSIDE CITY LIMITS? YES [X] NO [ ] | 13e. STREET ADDRESS: 62 Charles St. 21157 |

| | |
|---|---|
| 14. FATHER'S NAME FIRST MIDDLE LAST: Albert Magruder | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: Bertha Murdock |

| | | | |
|---|---|---|---|
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): NO | (IF YES, GIVE WAR OR DATES): — | 16b SOCIAL SECURITY NO.: 219-01-8003 | 17. INFORMANT: HANNAH MAGRUDER ADDRESS: 13e 21157 |

### MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7140

IMMEDIATE CAUSE (a) Acute cardio-respiratory arrest

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) CHF - CVA

DUE TO, OR AS A CONSEQUENCE OF (c) Rheumatoid arthritis

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

| | | | |
|---|---|---|---|
| 19a. DATE OF OPERATION | 19b CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES [ ] NO [ ] | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ ] NO [ ] |
| 21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) | |
| 21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET CITY OR TOWN COUNTY STATE | |

22a. I **certify** that (I) ~~(this hospital)~~ attended the deceased from 2-2, 19 82, to 6-13, 19 83, that (I) ~~(we)~~ last saw the deceased alive on MAY 19 83, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we) (did)~~ (did not) view the body after death.

| | | |
|---|---|---|
| 22b. SIGNATURE: Renzo [signature] MD | DEGREE: ATTENDING PHYSICIAN [X] MEDICAL DIRECTOR [ ] STAFF PHYSICIAN [ ] | 22c. DATE SIGNED: 6-15-83 |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT): RENZO RICCI, MD | 22e. ADDRESS: 2893 BALTIMORE BLVD, FINKSBURG, MD | |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | 23b. DATE: 6/17/83 | 23c. NAME OF CEMETERY OR CREMATORY: Western Chapel | 23d. LOCATION CITY OR TOWN COUNTY STATE: Westminster Carroll MD |
| 24. FUNERAL DIRECTOR NAME ADDRESS: PRITTS F.H. Westminster, Md. | 25a. DATE REC'D. BY REGISTRAR: JUN 27 1983 | 25b. REGISTRAR'S SIGNATURE: John J. Connell | |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal ... hours after death.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

35 90 35 0160 1 9 9 1

BP______

DHMH 16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

83 16125
REG. NO.

1 DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST: HARRY M. MASEMORE
2a. DATE OF DEATH MONTH DAY YEAR: 6/7/83
2b HOUR: 3 26 AM
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH MONTH DAY YEAR: June 10, 1904
6. AGE (IN YEARS LAST BIRTHDAY) YRS.: 78 — IF UNDER 1 YEAR MONTHS DAYS — IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8 MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9 BALTIMORE CITY OR COUNTY OF DEATH: Carroll County MD.
10 CITY OR TOWN OF DEATH: Westminster
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Carroll County Gen. Hosp.
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Attendent.
12b. KIND OF BUSINESS OR INDUSTRY: Creamery
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Md
13b. COUNTY: Carroll
13c. CITY OR TOWN: Westminster
13d. INSIDE CITY LIMITS? YES [ ] NO [x]
13e. STREET ADDRESS: 1206 Old Manchester Rd 21157
14. FATHER'S NAME FIRST MIDDLE LAST: Charles Vernon Masemore
15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: Mamie Cameron
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No (IF YES, GIVE WAR OR DATES)
16b. SOCIAL SECURITY NO.: 219-01-1515
17 INFORMANT: Margaret Masemore ADDRESS: 1206 Old Man. Rd. Westminster, Md

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): bilateral lower lobe pneumonia
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 48-72 H
6000
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): BPH, neurogenic bladder; CVI; dementia
19a. DATE OF OPERATION: 5/20/83
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: BENIGN PROSTATIC HYPERTROPHY
20a. AUTOPSY? YES [ ] NO [x]
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ ] NO [x]
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE
22a. I certify that (I) (this hospital) attended the deceased from 5/16 19 83 to 6/7 19 83, that (I) (we) last saw the deceased alive on 6/6 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
22b. SIGNATURE: Reynold P. Wadeuman, M.D. DEGREE
ATTENDING PHYSICIAN [x] MEDICAL DIRECTOR [ ] STAFF PHYSICIAN [ ]
22c. DATE SIGNED: 6/7/83
22d. PHYSICIAN'S NAME (TYPE OR PRINT)
22e. ADDRESS: Carroll Co. Gen. Hosp. Westminster, Md.
23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE: June 9, 1983
23c. NAME OF CEMETERY OR CREMATORY: Greenmount Cem.
23d. LOCATION CITY OR TOWN COUNTY STATE: Hampstead Carroll, Md
24 FUNERAL DIRECTOR NAME ADDRESS: H. J. Eckhardt Manchester, Md. 21102
25a DATE REC'D. BY REGISTRAR: JUN 10 1983
REGISTRAR'S SIGNATURE: John J. Carroll

BP______
DHMH-16 50M 1/81 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, it should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 83 16126
CERTIFICATE OF DEATH
REG. NO.

| | | | |
|---|---|---|---|
| 1 DECEASED NAME (TYPE OR PRINT) FIRST: Roy MIDDLE: Ellis LAST: McBride | | 2a. DATE OF DEATH MONTH DAY YEAR: 6 29 83 | 2b HOUR: 6:50 P M |
| 3 SEX: MALE | 4 RACE: Cauc. | 5 DATE OF BIRTH MONTH DAY YEAR: 9 30 05 | 6 AGE (IN YEARS LAST BIRTHDAY): 77 YRS. IF UNDER 1 YEAR MONTHS DAYS; IF UNDER 24 HRS HOURS MIN. |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MD. | 7b CITIZEN OF WHAT COUNTRY?: USA | 8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 9 BALTIMORE CITY OR COUNTY OF DEATH: Carroll MD. |
| 10 CITY OR TOWN OF DEATH: MT Airy | 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Pleasant View N. Home | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): assemblyman | 12b KIND OF BUSINESS OR INDUSTRY: construction aircraft |

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| 13a STATE | 13b COUNTY | 13c CITY OR TOWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS |
|---|---|---|---|---|
| Md. | Fred. | Burkittsville | YES ☒ NO ☐ | 106 Main St. 21718 |

| 14 FATHER'S NAME FIRST MIDDLE LAST | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST |
|---|---|
| ALBERT McBRIDE | LAURA RIDENOUR |

| 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATES) | 16b SOCIAL SECURITY NO. | 17 INFORMANT | ADDRESS |
|---|---|---|---|---|
| No | | 220-05-6343 | Mildred McBride | 21718 Burkittsville, Md. |

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4360 IMMEDIATE CAUSE (a) Respiratory arrest — sec

DUE TO, OR AS A CONSEQUENCE OF (b) CVA — 1wk

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ASCVD, Alzheimers

19a DATE OF OPERATION | 19b CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a AUTOPSY? YES ☐ NO ☐ | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from ~~6/04~~ 4/1 19 83, to 6/29 19 83, that (I) (we) last saw the deceased alive on 6/23 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Melvin J Kordon | DEGREE | ATTENDING PHYSICIAN ☑ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ | 22c. DATE SIGNED 6/29/83

22d. PHYSICIAN'S NAME (TYPE OR PRINT): MELVIN J. KORDON MD | 22e ADDRESS: 2000 Century Plaza Columbia Md 21044

| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | 23b. DATE | 23c NAME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN COUNTY STATE |
|---|---|---|---|
| Burial | July 2, 1983 | Reformed Cemetery | Middletown Fred. Md. |

| 24. FUNERAL DIRECTOR NAME ADDRESS | 25a. DATE REC'D. BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE |
|---|---|---|
| Thompson Funeral Home Middletown, Md. 21769 | JUL 6 1983 | John J. Caniell |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in and made legible, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

BP____

DHMH - 16 60M 1/75 (VRA 15 (4))

8

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

83 16127
REG. NO.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the ... of death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST: FLORENCE Agnes MONTANYE
2a. DATE OF DEATH MONTH DAY YEAR: 6-27-83
2b. HOUR: 8 27 pm
3. SEX: Female
4. RACE: Caucas.
5. DATE OF BIRTH MONTH DAY YEAR: Nov. 3 1896
6. AGE (IN YEARS LAST BIRTHDAY): 86 YRS.
IF UNDER 1 YEAR: MONTHS DAYS — IF UNDER 24 HRS: HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New York
7b. CITIZEN OF WHAT COUNTRY?: USA.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County MD.
10. CITY OR TOWN OF DEATH: Westminster
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Carroll Luth. Village Health Care
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Homemaker
12b. KIND OF BUSINESS OR INDUSTRY: —
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Md
13b. COUNTY: Balto.
13c. CITY OR TOWN: Glyndon
13d. INSIDE CITY LIMITS? YES ☐ NO ☑
13e. STREET ADDRESS: 4500 Prospect Ave 21071
14. FATHER'S NAME FIRST MIDDLE LAST: John Crosby
15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: Kathleen Roach ~~Unknown~~
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES): No
16b. SOCIAL SECURITY NO.: 216-07-7484
17. INFORMANT: Carlyle N. Montanye Jr. ADDRESS: P.O. Box 14 Glyndon, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ADENOCARCINOMA OF the Rectum — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Dec. 1980
1541
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: 1980
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Adeno. CA. Rectum
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) ~~(this hospital)~~ attended the deceased from 10/1/81, 19__ to now, 19__, that (I) ~~(we)~~ last saw the deceased alive on 6/27/83 19__, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: W.H. Caricofe MD DEGREE
ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
22c. DATE SIGNED: 6/27/83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): W. H. CARICOFE M.D.
22e. ADDRESS: P.O. Bx M, Union Bridge, Md 21791

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE: June 30,1983
23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
23d. LOCATION CITY OR TOWN COUNTY STATE: Pikesville, Balto., Md.
24. FUNERAL DIRECTOR NAME: H.E. Eckhardt ADDRESS: Owings Mills, Md.
25a. DATE REC'D. BY REGISTRAR: JUN 30 1983
25b. REGISTRAR'S SIGNATURE: John J. [illegible]

BP_____

DHMH - 16 60M 1/75 (VR A 15 (4))

8 9 0 35 030 7 2 9 1

5

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

83 161238
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST: GRACE ANNABELLE MOXLEY
2a. DATE OF DEATH MONTH DAY YEAR: JUNE 4, 1983
2b. HOUR: 1 A M
3. SEX: F
4. RACE: W
5. DATE OF BIRTH MONTH DAY YEAR: SEPT 7 1914
6. AGE (IN YEARS LAST BIRTHDAY): 68 YRS. IF UNDER 1 YEAR MONTHS DAYS; IF UNDER 24 HRS HOURS MIN
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MARYLAND
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. BALTIMORE CITY OR COUNTY OF DEATH: CARROLL MD.
10. CITY OR TOWN OF DEATH: NEW WINDSOR
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 1316 OLD NEW WINDSOR RD
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): SEWING
12b. KIND OF BUSINESS OR INDUSTRY: FACTORY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: MARYLAND
13b. COUNTY: CARROLL
13c. CITY OR TOWN: NEW WINDSOR 21776
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET ADDRESS: 127 CHURCH ST. 21776
14. FATHER'S NAME FIRST MIDDLE LAST: FREDERICK L CURFMAN
15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: FANNIE M SNYDER
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): NO (IF YES, GIVE WAR OR DATES)
16b. SOCIAL SECURITY NO.: 216-38-4897
17. INFORMANT: CAROL THOMAS ADDRESS: ADAMSTOWN MD. 21710

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypertensive-ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1976
4029
~~DUE TO, OR AS A CONSEQUENCE OF~~
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from Oct 16, 1976, to Now, 19___, that (I) (~~we~~) last saw the deceased alive on 4/25/83 19___, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (~~did not~~) view the body after death.
22b. SIGNATURE: J.H. Caricofe MD
DEGREE
ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
22c. DATE SIGNED: 6/4/83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): J. H. CARICOFE MD
22e. ADDRESS: P.O. Box M Union Bridge, Md.
23a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
23b. DATE: JUNE 6 - 1983
23c. NAME OF CEMETERY OR CREMATORY: LINGANORE
23d. LOCATION CITY OR TOWN COUNTY STATE: UNIONVILLE MD
24. FUNERAL DIRECTOR NAME ADDRESS: D D Hartzler, New Windsor, Md
25a. DATE REC'D. BY REGISTRAR: JUN 7 1983
25b. REGISTRAR'S SIGNATURE: John J. Connell

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

BP_____

DHMH-1650M 7/77 (VR A 15 (4))

10

1- FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 83 16129

- 1. DECEASED NAME (TYPE OR PRINT): FIRST Scott MIDDLE ANDREW LAST Neiderer
- 2a. DATE OF DEATH: KNOWN [X] ESTIMATED [ ] MONTH 6 DAY 18 YEAR 1983
- 2b. HOUR: M
- 3. SEX: M
- 4. RACE: W
- 5. DATE OF BIRTH (MONTH DAY YEAR): Aug 23-64
- 6. AGE (IN YEARS LAST BIRTHDAY): 18 YRS. IF UNDER 1 YR. MONTHS / DAYS; IF UNDER 24 HRS. HOURS / MIN.
- 2c. DATE PRONOUNCED DEAD: MONTH 6 DAY 18 YEAR 1983
- 2d. HOUR: 8:58 P.M.
- 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): PA.
- 7b. CITIZEN OF WHAT COUNTRY? U.S.A.
- 8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
- 9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County, MD.
- 10. CITY OR TOWN OF DEATH: Westminster
- 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Carroll County General Hospital
- 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): SERVICE MAN
- 12b. KIND OF BUSINESS OR INDUSTRY: RENTAL

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

- 13a. STATE: PA.
- 13b. COUNTY: Adams
- 13c. CITY OR TOWN: McSHERRYSTOWN
- 13d. INSIDE CITY LIMITS? YES [X] NO [ ]
- 13e. STREET ADDRESS: 414 RIDGE AVE 99999
- 14. FATHER'S NAME: FIRST THERON MIDDLE JOSEPH LAST NEIDERER
- 15. MOTHER'S MAIDEN NAME: FIRST ELSIE MIDDLE EVANGELINE LAST SMALL
- 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO (IF YES, GIVE WAR OR DATES) NO
- 16b. SOCIAL SECURITY NO.: 204-56-6743
- 17. INFORMANT: THERON J. NEIDERER ADDRESS 414 RIDGE AVE McSHERRYSTOWN, PA

## MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:

9102 IMMEDIATE CAUSE (a) Drowning

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).

- 19a. DATE OF OPERATION
- 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?
- 20. AUTOPSY? YES [XX] NO [ ]
- 21a. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH
- 21b. TIME OF INJURY: HOUR 7:30 P.M. MONTH 6 DAY 18 YEAR 1983
- 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2): subject drowned while swimming
- 21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
- 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.): water
- 21f. LOCATION: STREET 2542 Merkle Rd., CITY OR TOWN Westminster, COUNTY Carroll Co., STATE Md.

22a. I certify that I took charge of the remains described above, held on Autopsy [XX], Inspection [ ], Inquiry [ ], and in my opinion death resulted from Natural causes [ ], Accident [XX], Suicide [ ], Homicide [ ], Undetermined manner [ ].

ACTUAL SIGNATURE: Dennis F. Smyth M.D. TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE SIGNED 6-19-83

EXAMINER'S NAME (TYPE OR PRINT): Dennis F. Smyth, M.D. ADDRESS 111 Penn Street

- 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
- 23b. DATE: JUNE 22, 83
- 23c. NAME OF CEMETERY OR CREMATORY: ANNUNCIATION CEM
- 23d. LOCATION: CITY OR TOWN McSHERRYSTOWN COUNTY ADAMS STATE PA
- 24. FUNERAL DIRECTOR: NAME ROBERT J. MONAHAN ADDRESS 125 CARLISLE - GETTYSBURG PA. 17325
- 25a. DATE REC'D. BY REGISTRAR: JUN 23 1983
- 25b. REGISTRAR'S SIGNATURE: John J. Carrick

BP 99 999

DHMH 17
(VR A15 ME (5))
20M 4/82

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES.
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
# CERTIFICATE OF DEATH

83 161 30
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST: CARRIE L. OURSLER
2a. DATE OF DEATH MONTH DAY YEAR: 06-04-83
2b. HOUR: 10:00am
3. SEX: female
4. RACE: Cauc.
5. DATE OF BIRTH MONTH DAY YEAR: 03-30-87
6. AGE (IN YEARS LAST BIRTHDAY): 96 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Md
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll MD.
10. CITY OR TOWN OF DEATH: Finksburg
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 2041 Old Westminster Pike
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): housewife
12b. KIND OF BUSINESS OR INDUSTRY: Home

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Maryland
13b. COUNTY: Carroll
13c. CITY OR TOWN: Finksburg
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET ADDRESS: 2041 Westminster Road 21048

14. FATHER'S NAME FIRST MIDDLE LAST: Jabez G. Shreeve
15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: Louisa Shipley
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): no (IF YES, GIVE WAR OR DATES): None
16b. SOCIAL SECURITY NO.: 213-05-4304
17. INFORMANT: patient's chart ADDRESS

**MEDICAL CERTIFICATION**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cardiopulmonary failure
DUE TO, OR AS A CONSEQUENCE OF (b) senility
DUE TO, OR AS A CONSEQUENCE OF (c) terminal carcinoma
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1991

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (~~we~~) attended the deceased from July 1979 to June 1983, that (I) (we) last saw the deceased alive on June 1, 1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (was) (did) (~~did not~~) view the body after death.
22b. SIGNATURE: Richard Y. Dalrymple DEGREE: MD
ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
22c. DATE SIGNED: 06-06-83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): Richard Y. Dalrymple, M.D.
22e. ADDRESS: Carroll Plaza, Westminster, Maryland 21157

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE: 6-7-83
23c. NAME OF CEMETERY OR CREMATORY: Sandymount
23d. LOCATION CITY OR TOWN COUNTY STATE: Finksburg Carroll Md
24. FUNERAL DIRECTOR NAME: Robert Kyle Pritts Jr. ADDRESS: Westminster, Md
25a. DATE REC'D. BY REGISTRAR: JUN 10 1983
25b. REGISTRAR'S SIGNATURE: John J. Cahill

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

M

BP______

DHMH-16 50M 7/77 (VR A 15 (4))

5 4

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
# CERTIFICATE OF DEATH

83 161 31
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST: William J- Parks — PARKS

2a. DATE OF DEATH MONTH DAY YEAR: 6 5 83
2b. HOUR: 11 32 A M

3. SEX: Male
4. RACE: White
5. DATE OF BIRTH MONTH DAY YEAR: 3 22 27
6. AGE (IN YEARS LAST BIRTHDAY): 56 YRS. IF UNDER 1 YEAR MONTHS DAYS — IF UNDER 24 HRS HOURS MIN.

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County, MD.

10. CITY OR TOWN OF DEATH: Westminster
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Carroll Cty Hospital
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Revenue Specialist-State of Md.
12b. KIND OF BUSINESS OR INDUSTRY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Md.
13b. COUNTY: Carroll
13c. CITY OR TOWN: Hampstead
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET ADDRESS: 4351 Sycamore Dr. 21074

14. FATHER'S NAME FIRST MIDDLE LAST: Brantley Parks
15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: Margaret Ward

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): Yes (IF YES GIVE WAR OR DATES): Korean
16b. SOCIAL SECURITY NO.: 216-20-8909
17. INFORMANT: Mrs. Margaret E. Parks ADDRESS: Same as 13e

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4110

IMMEDIATE CAUSE (a): Cardiac Arrest, Asystole — 1 hour.
DUE TO, OR AS A CONSEQUENCE OF (b): History Coronary Insufficiency — 8 years
DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from 6/5 19 83, to 6/5 19 83, that (I) (we) last saw the deceased alive on 6/5 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Norman Goldstein DEGREE: M.D. ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☑
22c. DATE SIGNED: 6/5/83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): Norman Goldstein
22e. ADDRESS: 218 Washington Hgts Med Ctr. Westminster, Md.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE: 6-8-83
23c. NAME OF CEMETERY OR CREMATORY: St. Stanislaus
23d. LOCATION CITY OR TOWN COUNTY STATE: Baltimore, Maryland

24. FUNERAL DIRECTOR NAME: Leonard J. Ruck, Inc. ADDRESS: Baltimore, Md.
25a. DATE REC'D. BY REGISTRAR: JUN 6 1983
25b. REGISTRAR'S SIGNATURE: John J. Carroll

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner ...

BP______

DHMH - 16 50M 1/81 (VRA 15, 4)

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

83 16132
REG. NO.

| | | | |
|---|---|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST: Walter | MIDDLE: Kenneth | LAST: Plank | 2a. DATE OF DEATH MONTH DAY YEAR: June 18, 1983 — 2b HOUR: 8:45 A.M. |
| 3. SEX: Male | 4. RACE: White | 5. DATE OF BIRTH MONTH DAY YEAR: Oct. 18, 1907 | 6. AGE (IN YEARS LAST BIRTHDAY): 75 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN. |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Maryland | 7b CITIZEN OF WHAT COUNTRY?: U. S. | 8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] | 9 BALTIMORE CITY OR COUNTY OF DEATH: Carroll MD. |
| 10. CITY OR TOWN: 21776 New Windsor | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 308 College Ave. | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Produce | 12b. KIND OF BUSINESS OR INDUSTRY: Wholesale Route |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| | | | | |
|---|---|---|---|---|
| 13a STATE: Maryland | 13b COUNTY: Carroll | 13c. CITY OR TOWN: 21776 New Windsor | 13d INSIDE CITY LIMITS? YES [X] NO [ ] | 13e. STREET ADDRESS: 308 College Ave. 21776 |

| | |
|---|---|
| 14. FATHER'S NAME FIRST MIDDLE LAST: Whitehill S. Plank | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: Lottie - - Shuelly |
| 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No — (IF YES, GIVE WAR OR DATES): No — 16b SOCIAL SECURITY NO.: 216-05-1704 | 17 INFORMANT ADDRESS: Thelma E. Plank, New Windsor, Md. |

### MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

4140

IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE

DUE TO, OR AS A CONSEQUENCE OF

(b) ASHD.

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

| | | | |
|---|---|---|---|
| 19a DATE OF OPERATION | 19b CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES [ ] NO [ ] | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ ] NO [ ] |
| 21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) | |
| 21d INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET CITY OR TOWN COUNTY STATE | |

22a. I certify that (I) (this hospital) attended the deceased from ______ 19 ____, to ______ 19 ____, that (I) (we) last saw the deceased alive on 6-3 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] DEGREE: MD — ATTENDING PHYSICIAN [✓] MEDICAL DIRECTOR [ ] STAFF PHYSICIAN [ ] — 22c. DATE SIGNED: 18 June 83

22d. PHYSICIAN'S NAME (TYPE OR PRINT): MANUEL J. SEVILLA — 22e ADDRESS: 419C Malcolm Dr Westminster

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | 23b. DATE: 6/21/1983 | 23c. NAME OF CEMETERY OR CREMATORY: Pipe Creek Cem. | 23d LOCATION CITY OR TOWN COUNTY STATE: Carroll County, Maryland |
| 24. FUNERAL DIRECTOR: [signature] | ADDRESS: New Windsor, Maryland | 25a DATE REC'D. BY REGISTRAR: JUN 22 1983 | 25b REGISTRAR'S SIGNATURE: [signature] |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

BP______

DHMH - 16 50M 1/81 (VRA 15, 4)

1- FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 83 16133

1. DECEASED NAME (TYPE OR PRINT) — FIRST: HUGH — MIDDLE: FRANCIS — LAST: RIVERS, JR.

2a. DATE OF DEATH — KNOWN XX / ESTIMATED ☐ — MONTH DAY YEAR: 6-16-83

2b. HOUR: M

3. SEX: MALE

4. RACE: WHITE

5. DATE OF BIRTH — MONTH DAY YEAR: DEC. 18 1944

6. AGE (IN YEARS LAST BIRTHDAY): 38 YRS. — IF UNDER 1 YR. MONTHS / DAYS — IF UNDER 24 HRS. HOURS / MIN.

2c. DATE PRONOUNCED DEAD — MONTH DAY YEAR: 6-16-83

2d. HOUR: 2:35P

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): WASHINGTON, D.C.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X

9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County MD

10. CITY OR TOWN OF DEATH: Westminster

11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): CArroll Co. General Hospital

12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): LAW STUDENT

12b. KIND OF BUSINESS OR INDUSTRY:

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE: MASSACHUSETTS

13b. COUNTY:

13c. CITY OR TOWN: WINTHROP

13d. INSIDE CITY LIMITS? YES XX NO ☐

13e. STREET ADDRESS: 54 JOHNSON AVENUE 02152

14. FATHER'S NAME — FIRST: HUGH — MIDDLE: FRANCIS — LAST: RIVERS

15. MOTHER'S MAIDEN NAME — FIRST: HELEN — MIDDLE: — LAST: HUHN

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN): NO — (IF YES, GIVE WAR OR DATES)

16b. SOCIAL SECURITY NO.:

17. INFORMANT: CARYL R. LUPO — SISTER — ADDRESS: 54 JOHNSON AVE. WINTHROP, MASS. 02152

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY:

9530

IMMEDIATE CAUSE (a) Hanging

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES XX NO ☐

21a. EXTERNAL CAUSE WAS UNDERLYING XX OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY — HOUR A.M. P.M. MONTH DAY YEAR: 1PM 6-16-83

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2): subject found hanging

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.): bathroom

21f. LOCATION — STREET, CITY OR TOWN, COUNTY, STATE: Springfield State Hosp. Sykesville, Maryland

22a. I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide XX Homicide ☐, Undetermined manner ☐.

ACTUAL SIGNATURE [signature] M.D.

TITLE (SPECIFY) Assistant MEDICAL EXAMINER

DATE SIGNED 6-17-83

EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS 111 Penn STreet

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

23b. DATE: JUNE 21,198B

23c. NAME OF CEMETERY OR CREMATORY: GATE OF HEAVEN

23d. LOCATION — CITY OR TOWN, COUNTY, STATE: SILVER SPRING MONT. MD.

24. FUNERAL DIRECTOR — NAME: FRANCIS J. COLLINS — ADDRESS: 500 UNIVERSITY BLVD., W. SILVER SPRING, MD.

25a. DATE REC'D. BY REGISTRAR: JUN 24 1983

25b. REGISTRAR'S SIGNATURE: [signature]

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS [illegible] PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE [illegible] DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE [illegible] FILES.
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED [illegible] HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

BP

DHMH - 17 (VR A15 ME (5)) 20M 4/82

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
# CERTIFICATE OF DEATH

83 16134
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) — FIRST: Lillian MIDDLE: A. LAST: Sandosky

2a. DATE OF DEATH (MONTH DAY YEAR): June 10, 1983
2b. HOUR: 8:30 A.M.

3. SEX: Female
4. RACE: White
5. DATE OF BIRTH (MONTH DAY YEAR): July 14, 1899
6. AGE (IN YEARS LAST BIRTHDAY): 83 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Md.
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll MD

10. CITY OR TOWN OF DEATH: Westminster
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 320 E. Nickodemus Rd.
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Homemaker
12b. KIND OF BUSINESS OR INDUSTRY: Home

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Md.
13b. COUNTY: Carroll
13c. CITY OR TOWN: Westminster
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET ADDRESS: N 320 E Nickodemus Rd

14. FATHER'S NAME — FIRST: John MIDDLE: LAST: Weetenkamp
15. MOTHER'S MAIDEN NAME — FIRST: Adelle MIDDLE: LAST: Hatfield

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No
(IF YES, GIVE WAR OR DATES): —
16b. SOCIAL SECURITY NO.: ?
17. INFORMANT: Mrs. Richard Putman ADDRESS: Westminster, Md.

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

4100

| | Cause | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Cardiac arrest | Sudden |
| DUE TO, OR AS A CONSEQUENCE OF (b) | Coronary occlusion | Sudden |
| DUE TO, OR AS A CONSEQUENCE OF (c) | Generalized Arteriosclerosis c Hypertension | 20 yrs |

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a): Arthritis

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY — HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
21d. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION — STREET / CITY OR TOWN / COUNTY / STATE

22a. I certify that (I) (this hospital) attended the deceased from Dec 3, 1963, to June 10, 1983, that (I) (we) last saw the deceased alive on May 31, 1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Sani Okutman DEGREE: MD
ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
22c. DATE SIGNED: 6.13.83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): Sani Okutman MD
22e. ADDRESS: Sykesville, Md

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE: 6-13-83
23c. NAME OF CEMETERY OR CREMATORY: Springfield Cemetery
23d. LOCATION — CITY OR TOWN: Sykesville COUNTY: Carroll STATE: Md.

24. FUNERAL DIRECTOR — NAME: Harry W. Haight ADDRESS: Sykesville, Md.
25a. DATE REC'D. BY REGISTRAR: JUN 15 1983
25b. REGISTRAR'S SIGNATURE: John J. Craig

BP ______

DHMH - 16 50M 1/81 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

G#582 8/24/83 Temms #18-22a

1- FOR mtb STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 83 16135

1. DECEASED NAME (TYPE OR PRINT) FIRST: James MIDDLE: F. LAST: Sands

2a. DATE OF DEATH: KNOWN ☐ ESTIMATED ☒ MONTH 6 DAY 22 YEAR 1983
2b. HOUR: M

3. SEX: Male
4. RACE: Black
5. DATE OF BIRTH: Oct. 3, 1926
6. AGE (IN YEARS LAST BIRTHDAY): 56 YRS.
IF UNDER 1 YR. MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN.
2c. DATE PRONOUNCED DEAD: 6 22 1983
2d. HOUR: 9:30 a. M

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Md.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll County, MD.

10. CITY OR TOWN OF DEATH: Sykesville
11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Rt.32 Howard-Carroll Co. line
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Custodian
12b. KIND OF BUSINESS OR INDUSTRY: W.R. Grace Co.

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Md.
13b. COUNTY: Carroll
13c. CITY OR TOWN: Sykesville
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET ADDRESS: 7514 Norwood Ave. 21207

14. FATHER'S NAME FIRST: Alexander MIDDLE: LAST: Sands Sr.
15. MOTHER'S MAIDEN NAME FIRST: Bessie MIDDLE: LAST: Groomes

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, GIVE WAR OR DATES): WW II
16b. SOCIAL SECURITY NO.: 214 20 8187
17. INFORMANT: Susan Lefall ADDRESS: Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Blunt Trauma to Chest
9871
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?
20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH
21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR: 8:00 am 6/22 1983
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2): Subject fell from bridge
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.): bridge
21f. LOCATION STREET CITY OR TOWN COUNTY STATE: Howard-Carroll Co.line, Md.

22a. I certify that I took charge of the remains described above, held on Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☒.

ACTUAL SIGNATURE: Dennis F. Smyth MD M.D.
TITLE (SPECIFY): Assistant MEDICAL EXAMINER
DATE SIGNED: 6-22-83

EXAMINER'S NAME (TYPE OR PRINT): Dennis F. Smyth, M.D.
ADDRESS: 111 Penn Street

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE: 6-25-83
23c. NAME OF CEMETERY OR CREMATORY: Bushey Park Cemetery
23d. LOCATION CITY OR TOWN: Cooksville COUNTY: Howard STATE: Md.

24. FUNERAL DIRECTOR NAME: Harry W. Haight ADDRESS: Sykesville, Md.
25a. DATE REC'D. BY REGISTRAR: JUN 27 1983
25b. REGISTRAR'S SIGNATURE: John J. Conway

BP 978

DHMH - 17
(VR A15 ME (5))
20M 4/82

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES.
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

122

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
**CERTIFICATE OF DEATH**

83 16136
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE LAST: ARTHUR P. SCOTT
2a. DATE OF DEATH MONTH DAY YEAR: 06-04-83
2b. HOUR: 12:30p M
3. SEX: male
4. RACE: Cauc
5. DATE OF BIRTH MONTH DAY YEAR: 10-13-90
6. AGE (IN YEARS LAST BIRTHDAY): 92 YRS. IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MASS
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll MD.
10. CITY OR TOWN OF DEATH: Westminster
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Westminster Nurs. & Conv. Center
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): PRES.
12b. KIND OF BUSINESS OR INDUSTRY: MACHINERY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: Maryland n
13b. COUNTY: Carroll
13c. CITY OR TOWN: Westminster
13d. INSIDE CITY LIMITS? YES XX NO ☐
13e. STREET ADDRESS: 138 Willis Street 21157

14. FATHER'S NAME FIRST MIDDLE LAST: CHARLES SCOTT
15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST: JULIA FLINT
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): YES
(IF YES, GIVE WAR OR DATES): WW1
16b. SOCIAL SECURITY NO.: 215-26-8716
17. INFORMANT ADDRESS: patient's chart

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease
4292
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) Parkinsonism
DUE TO, OR AS A CONSEQUENCE OF (c) chronic brain syndrome
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (~~this physician~~) attended the deceased from January 1975, to June 1983, that (I) (~~he~~) last saw the deceased alive on June 3, 1983, and that in (my) (~~his~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~he~~) (did) (~~did not~~) view the body after death.
22b. SIGNATURE: Richard Y. Dalrymple DEGREE M.D.
ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
22c. DATE SIGNED: 06-06-83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): Richard Y. Dalrymple, M.D.
22e. ADDRESS: Carroll Plaza, Westminster, Maryland 21157

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
23b. DATE: 6-7-83
23c. NAME OF CEMETERY OR CREMATORY: WESTMINSTER
23d. LOCATION CITY OR TOWN COUNTY STATE: WESTMINSTER CARROLL MD.
24. FUNERAL DIRECTOR NAME ADDRESS: Robert Kyle Pritts Sr. Westminster, Md.
25a. DATE REC'D. BY REGISTRAR: JUN 10 1983
25b. REGISTRAR'S SIGNATURE: John J. Carnish

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 1 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP______

DHMH-16 30M 2/80 (VRA 15, 4)

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO. 83 16137

| Field | Entry |
|---|---|
| 1. DECEASED NAME (FIRST, MIDDLE, LAST) | Harvey Roby Shipley |
| 2a. DATE OF DEATH (MONTH, DAY, YEAR) | 6 4 83 |
| 2b. HOUR | 0636 M |
| 3. SEX | Male |
| 4. RACE | White |
| 5. DATE OF BIRTH (MONTH, DAY, YEAR) | 9-2-1901 |
| 6. AGE (IN YEARS LAST BIRTHDAY) | 81 YRS |
| 7a. BIRTHPLACE | Carroll County |
| 7b. CITIZEN OF WHAT COUNTRY? | U.S.A. |
| 8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED | MARRIED ☑ |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | Carroll County MD. |
| 10. CITY OR TOWN OF DEATH | Westminster |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | Carroll County General Hosp. |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | Trucking Firm |
| 12b. KIND OF BUSINESS OR INDUSTRY | |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | |
| 13a. STATE | Md. |
| 13b. COUNTY | Carroll |
| 13c. CITY OR TOWN | Westminster |
| 13d. INSIDE CITY LIMITS? | NO ☑ |
| 13e. STREET ADDRESS | 1106 Hughes Shop Rd. 21157 |
| 14. FATHER'S NAME (FIRST, MIDDLE, LAST) | Wilbur Josh Shipley |
| 15. MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST) | Ella Parrish |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | No |
| (IF YES, GIVE WAR OR DATES) | |
| 16b. SOCIAL SECURITY NO. | 218-32-5824 |
| 17. INFORMANT / ADDRESS | Mamie E. Shipley / same as #13 |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

4140

| | Cause | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | CARDIAC ARREST | IMMED |
| DUE TO, OR AS A CONSEQUENCE OF (b) | ARTERIOSCLEROTIC HEART DISEASE | YEARS |
| DUE TO, OR AS A CONSEQUENCE OF (c) | | |

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☑
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from ______ 19 73 to 6/4 19 83, that (I) (we) last saw the deceased alive on ______ 19 80, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Vincent J. Fiocco Jr. DEGREE: MD ATTENDING PHYSICIAN ☐ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☑
22c. DATE SIGNED: 6/4/83
22d. PHYSICIAN'S NAME (TYPE OR PRINT): Vincent J. Fiocco Jr.
22e. ADDRESS: Anchor St. Westminster Md. 21157

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE: 6-7-1983
23c. NAME OF CEMETERY OR CREMATORY: Deer Park
23d. LOCATION (CITY OR TOWN, COUNTY, STATE): Westminster Carroll Md.
24. FUNERAL DIRECTOR (NAME, ADDRESS): Dale Fletcher 254 E. Main St. Westminster Md. 21157
25a. DATE REC'D. BY REGISTRAR: JUN 8 1983
25b. REGISTRAR'S SIGNATURE: John J. Carroll

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked, or item 18 shows any injury, or other traumatic event, the medical examiner must be notified.

BP______

DHMH - 16 50M 1/81 (VRA 15, 4)

5-7

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
# CERTIFICATE OF DEATH

83 16138
REG. NO.

| Item | Entry |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST | George Rice Tucker |
| 2a. DATE OF DEATH MONTH DAY YEAR | 6-17-83 |
| 2b. HOUR | 1140 M |
| 3. SEX | Male |
| 4. RACE | White |
| 5. DATE OF BIRTH MONTH DAY YEAR | 12-1-1924 |
| 6. AGE (IN YEARS LAST BIRTHDAY) | 58 YRS. |
| IF UNDER 1 YEAR MONTHS DAYS / IF UNDER 24 HRS HOURS MIN. | |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | Pottsville Pa. |
| 7b. CITIZEN OF WHAT COUNTRY? | U.S.A. |
| 8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | Married |
| 9. BALTIMORE CITY OR COUNTY OF DEATH | Carroll MD. |
| 10. CITY OR TOWN OF DEATH | Westminster |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | Carroll County General Hosp. |
| 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | District Director |
| 12b. KIND OF BUSINESS OR INDUSTRY | GSA |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE | Md. |
| 13b. COUNTY | Carroll |
| 13c. CITY OR TOWN | Westminster |
| 13d. INSIDE CITY LIMITS? YES ☑ NO ☐ | Yes |
| 13e. STREET ADDRESS | 315 Luther Dr. 21157 |
| 14. FATHER'S NAME FIRST MIDDLE LAST | George W Tucker |
| 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST | Mary Frances Rice |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | Yes |
| (IF YES, GIVE WAR OR DATES) | WWII |
| 16b. SOCIAL SECURITY NO. | 209-14-5210 |
| 17. INFORMANT / ADDRESS | Elizabeth F. Tucker / same as #13 |

75 40 35 46 1

## MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

3352 IMMEDIATE CAUSE (a) Respiratory failure

DUE TO, OR AS A CONSEQUENCE OF (b) Amyotrophic lateral sclerosis

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES ☐ NO ☐ | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

9 9

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this hospital) attended the deceased from 6-13-83, 19___ to 6-17 19 83, that (I) (we) last saw the deceased alive on 6-17 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Chitrachedu Naganna — DEGREE — ATTENDING PHYSICIAN ☑ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ — 22c. DATE SIGNED 6/17/83

1

22d. PHYSICIAN'S NAME (TYPE OR PRINT) CHITRACHEDU NAGANNA — 22e. ADDRESS 174 E. Main St. Westminster MD 21157

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | 23b. DATE 6-18-1983 | 23c. NAME OF CEMETERY OR CREMATORY Westview | 23d. LOCATION CITY OR TOWN Baltimore COUNTY STATE Maryland

24. FUNERAL DIRECTOR Dale Fletcher — ADDRESS 254 E. Main St. Westminster Md. 21157 | 25a. DATE REC'D. BY REGISTRAR JUN 21 1983 | 25b. REGISTRAR'S SIGNATURE John J. Carroll

BP_______

DHMH - 1650M 1/81 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
**CERTIFICATE OF DEATH**

83 16139
REG. NO.

1. DECEASED NAME (TYPE OR PRINT) — FIRST: ~~WA~~ PEARL — MIDDLE: W. — LAST: WALDECK

2a. DATE OF DEATH — MONTH: 06 — DAY: 11 — YEAR: 83

2b. HOUR: 8:22 PM

3. SEX: FEMALE

4. RACE: CAUCASIAN

5. DATE OF BIRTH — MONTH: 02 — DAY: 24 — YEAR: 1895

6. AGE (IN YEARS LAST BIRTHDAY): 88 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): WASHINGTON CO., MD.

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9. BALTIMORE CITY OR COUNTY OF DEATH: CARROLL MD.

10. CITY OR TOWN OF DEATH: WESTMINSTER, MD.

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): CARROLL LUTHERAN VILLAGE HEA. CARE CNT.

12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): FARMER

12b. KIND OF BUSINESS OR INDUSTRY:

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a. STATE: MD.

13b. COUNTY: CARROLL

13c. CITY OR TOWN: WESTMINSTER

13d. INSIDE CITY LIMITS? YES ☐ NO ☐

13e. STREET ADDRESS: 3235 OLD TANEYTOWN RD. 21157

14. FATHER'S NAME — FIRST: George — MIDDLE: — LAST: WILEY

15. MOTHER'S MAIDEN NAME — FIRST: Elizabeth — MIDDLE: — LAST: BOWERS

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): UNK. — (IF YES, GIVE WAR OR DATES): —

16b. SOCIAL SECURITY NO.: 216-46-9947

17. INFORMANT: Donald Wiesner — ADDRESS: 4152 Middlebugg Rd. Union Bridge, Md 21791

## MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY — 4149

| | Cause | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Cardiopulmonary Arrest | 3 MIN |
| DUE TO, OR AS A CONSEQUENCE OF (b) | INTRACTABLE CHF | 10 YRS |
| DUE TO, OR AS A CONSEQUENCE OF (c) | CORONARY ARTERY DISEASE | 20 YRS |

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): —

19a. DATE OF OPERATION: —

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY — HOUR A.M. P.M. — MONTH — DAY — YEAR 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2): —

21d. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION — STREET: — CITY OR TOWN — COUNTY — STATE

22a. I certify that (I) (this hospital) attended the deceased from 1983 19__, to present 19__, that (I) (we) last saw the deceased alive on 6/10/83 193 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: John Lehigh MD — DEGREE — ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☒ STAFF PHYSICIAN ☐

22c. DATE SIGNED: 6/11/83

22d. PHYSICIAN'S NAME (TYPE OR PRINT): JOHN LEHIGH, MD

22e. ADDRESS: 104 N MAIN ST. UNIONBRIDGE, MD

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

23b. DATE: 6/14/83

23c. NAME OF CEMETERY OR CREMATORY: St. Pauls Cem.

23d. LOCATION — CITY OR TOWN: Clearspring — COUNTY: Wash. — STATE: Md

24. FUNERAL DIRECTOR — NAME: Rest Haven Funeral Chapel, Inc — ADDRESS: 1601 Pennsylvania Ave. Hagerstown, Md.

25a. DATE REC'D. BY REGISTRAR: JUN 15 1983

25b. REGISTRAR'S SIGNATURE: Joan E. Carroll

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 must be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page(s) should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BP________

DHMH - 16 60M 1/75
(VR A 15 (4))

M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

83 16140
REG. NO.

| | |
|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) — FIRST, MIDDLE, LAST | William A. Wawrzynkiewicz |
| 2a DATE OF DEATH — MONTH, DAY, YEAR | 6-13-83 |
| 2b HOUR | 6:00 AM |
| 3. SEX | Male |
| 4. RACE | Caucasion |
| 5. DATE OF BIRTH — MONTH, DAY, YEAR | 7 23 99 |
| 6. AGE (IN YEARS LAST BIRTHDAY) | 83 YRS. |
| IF UNDER 1 YEAR — MONTHS, DAYS | 10 20 |
| IF UNDER 24 HRS — HOURS, MIN | |
| 7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) | Nebraska |
| 7b CITIZEN OF WHAT COUNTRY? | U.S. |
| 8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒ | Divorced |
| 9 BALTIMORE CITY OR COUNTY OF DEATH | Carroll County MD. |
| 10 CITY OR TOWN OF DEATH | Sykesville |
| 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | Sykesville Elder Care |
| 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | Salesman |
| 12b KIND OF BUSINESS OR INDUSTRY | |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| | |
|---|---|
| 13a STATE | Maryland |
| 13b COUNTY | Carroll |
| 13c CITY OR TOWN | Sykesville |
| 13d INSIDE CITY LIMITS? YES ☒ NO ☐ | Yes |
| 13e STREET ADDRESS | First Avenue (21784) |
| 14 FATHER'S NAME — FIRST, MIDDLE, LAST | Stanislaus Wawrzynkiewicz |
| 15 MOTHER'S MAIDEN NAME — FIRST, MIDDLE, LAST | Salomea Wiza |
| 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | unknown |
| (IF YES, GIVE WAR OR DATES) | No |
| 16b SOCIAL SECURITY NO. | 506-03-1386 |
| 17 INFORMANT / ADDRESS | B. Ford [illegible] |

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

1629

IMMEDIATE CAUSE (a) Pulmonary failure

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Pulmonary metastasis

DUE TO, OR AS A CONSEQUENCE OF (c) Carcinoma of oesophagus

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION | 19b CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a AUTOPSY? YES ☐ NO ☐ | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f LOCATION STREET, CITY OR TOWN, COUNTY, STATE

22a. I certify that (I) (this hospital) attended the deceased from February 10, 19 78, to June 13 19 83, that (I) (we) last saw the deceased alive on June 10 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Jose L. Chafulle — DEGREE M.D. — ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ — 22c. DATE SIGNED 6-13-83

22d PHYSICIAN'S NAME (TYPE OR PRINT) Jose L. Chapulle, M.D — 22e. ADDRESS 6342 Barnett Ave. SYKESVILLE, Md

| | |
|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) | Burial |
| 23b. DATE | 6-18-1983 |
| 23c NAME OF CEMETERY OR CREMATORY | St. Johns |
| 23d. LOCATION — CITY OR TOWN, COUNTY, STATE | Omaha, Nebraska |
| 24 FUNERAL DIRECTOR — NAME, ADDRESS | Charles W. Burrier, Jr., Sykesville, Md. |
| 25a. DATE REC'D. BY REGISTRAR | JUN 15 1983 |
| 25b REGISTRAR'S SIGNATURE | John J. Carrick |

BP______

DHMH - 16 60M 1/75 (VR A 15 (4))

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
# CERTIFICATE OF DEATH

REG. NO. 83 16141

1. DECEASED NAME (TYPE OR PRINT) — FIRST: ADA — MIDDLE: B. — LAST: WERNER
2a. DATE OF DEATH (MONTH DAY YEAR): 6 - 23 - 1983
2b. HOUR: 11:55 P M

3. SEX: FEMALE
4. RACE: CAUCASIAN
5. DATE OF BIRTH (MONTH DAY YEAR): 12 2 1890
6. AGE (IN YEARS LAST BIRTHDAY): 93 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): PA.
7b. CITIZEN OF WHAT COUNTRY?
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. BALTIMORE CITY OR COUNTY OF DEATH: CARROLL COUNTY MD.

10. CITY OR TOWN OF DEATH: WESTMINSTER
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): CARROLL LUTHERAN VILLAGE HCC
12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): HOSTESS
12b. KIND OF BUSINESS OR INDUSTRY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE: MD.
13b. COUNTY: CARROLL
13c. CITY OR TOWN: WESTMINSTER
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET ADDRESS: OLD NEW WINDSOR Rd. 21157

14. FATHER'S NAME — FIRST: ROBERT — MIDDLE — LAST: BRUCE
15. MOTHER'S MAIDEN NAME — FIRST — MIDDLE — LAST: UNKNOWN

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
16b. SOCIAL SECURITY NO.: 074-14-5882
17. INFORMANT — ADDRESS

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

PART I. DEATH WAS CAUSED BY: — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4140

IMMEDIATE CAUSE (a) CARDIO PULMONARY ARREST — 3 MIN

DUE TO, OR AS A CONSEQUENCE OF

(b) CORONARY HEART DISEASE — 20 YRS

DUE TO, OR AS A CONSEQUENCE OF

(c) —

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) —

19a. DATE OF OPERATION —
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED —
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. TIME OF INJURY — HOUR A.M. P.M. — MONTH DAY YEAR 19
21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
21d. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
21f. LOCATION — STREET — CITY OR TOWN — COUNTY — STATE

22a. I certify that (I) (this hospital) attended the deceased from 1982 to Present 19__, that (I) (we) last saw the deceased alive on 6/23 1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: J. L. Lehigh M.D. — DEGREE — ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☒ STAFF PHYSICIAN ☐
22c. DATE SIGNED: 6/24/83

22d. PHYSICIAN'S NAME (TYPE OR PRINT): JOHN LEHIGH
22e. ADDRESS: 104 N. MAIN ST. UNIONBRIDGE MD.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
23b. DATE: 6-27-83
23c. NAME OF CEMETERY OR CREMATORY: Conestoga Memorial Park
23d. LOCATION — CITY OR TOWN — COUNTY — STATE: Lancaster Twp., Lanc.Co., PA

24. FUNERAL DIRECTOR — NAME: Thomas D. Fletcher — ADDRESS: Thomas D. Fletcher & Son F.H. 254 East Main St. Westminster, Md. 21157
25a. DATE REC'D. BY REGISTRAR: JUL 5 1983
25b. REGISTRAR'S SIGNATURE: John J. Carroll

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be ...

BP____

DHMH - 16 60M 1/75 (VR A 15 (4))

5

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## CERTIFICATE OF DEATH

83 16142
REG. NO

| Field | Entry |
|---|---|
| 1 DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST | Florence Evelyn Williams |
| 2a DATE OF DEATH MONTH / DAY / YEAR | 6 3 83 |
| 2b HOUR | 8:20 P M |
| 3 SEX | Female |
| 4 RACE | Cauc. |
| 5 DATE OF BIRTH MONTH / DAY / YEAR | 7 19 1897 |
| 6 AGE (IN YEARS LAST BIRTHDAY) | 85 YRS. |
| IF UNDER 1 YEAR MONTHS / DAYS | 10 / 14 |
| IF UNDER 24 HRS HOURS / MIN | |
| 7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) | MD |
| 7b CITIZEN OF WHAT COUNTRY? | USA |
| 8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | Widowed |
| 9 BALTIMORE CITY OR COUNTY OF DEATH | Carroll Co., MD. |
| 10 CITY OR TOWN OF DEATH | Mt. Airy |
| 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | Pleasant View Nursing Home |
| 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | Housewife |
| 12b KIND OF BUSINESS OR INDUSTRY | |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| 13a STATE | 13b COUNTY | 13c CITY OR TOWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS |
|---|---|---|---|---|
| Maryland | Carroll | Mt. Airy | YES ☒ NO ☐ | 1806 S. Main St. 21771 |

| 14 FATHER'S NAME FIRST / MIDDLE / LAST | 15 MOTHER'S MAIDEN NAME FIRST / MIDDLE / LAST |
|---|---|
| Rufus Kilsey Clark | Alice May Allen |

| 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATES) | 16b SOCIAL SECURITY NO. | 17 INFORMANT / ADDRESS |
|---|---|---|---|
| No | | 160-01-9343 | Florence E. Jacobs, Same As #13 |

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ASCVD, Angina, Anemia - severe
DUE TO, OR AS A CONSEQUENCE OF (b) Hyperlipidemia
DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Brain Syndrome

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2724

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

| 19a DATE OF OPERATION | 19b CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a AUTOPSY? YES ☐ NO ☐ | 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐ |
|---|---|---|---|
| | | | |

| 21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) |
|---|---|---|
| 21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f LOCATION STREET / CITY OR TOWN / COUNTY / STATE |

22a I certify that I (this hospital) attended the deceased from 4-7-1981, to 6-3-1983, that I (we) last saw the deceased alive on 6-3-1983, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

| 22b SIGNATURE | DEGREE | ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ | 22c DATE SIGNED |
|---|---|---|---|
| A. Divakaruni | MD | Attending Physician | 6-3-83 |

| 22d PHYSICIAN'S NAME (TYPE OR PRINT) | 22e ADDRESS |
|---|---|
| A. DIVAKARUNI | 10806 Hickory Ridge Rd. Columbia MD 21044 |

| 23a BURIAL, CREMATION, REMOVAL (SPECIFY) | 23b DATE | 23c NAME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN / COUNTY / STATE |
|---|---|---|---|
| Burial | 6-6-1983 | Providence | Gamber, Carroll, Md. |

| 24 FUNERAL DIRECTOR NAME / ADDRESS | 25a DATE REC'D. BY REGISTRAR | 25b REGISTRAR'S SIGNATURE |
|---|---|---|
| Charles W. Burrier, Jr., Sykesville, Md. | JUN 8 1983 | John J. Carroll |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d[...] may be retained by the hospital or attending physician.

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BP

DHMH - 16 60M 1/75 (VR A 15 (4))

1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
# CERTIFICATE OF DEATH

8 3 16143
REG. NO.

8

M

| | | | |
|---|---|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST: Lester S. Wimert | | 2a. DATE OF DEATH MONTH DAY YEAR: 06-13-83 | 2b HOUR: 7:20aM |
| 3. SEX: male | 4. RACE: cauc | 5. DATE OF BIRTH MONTH DAY YEAR: 10 04- 00 | 6. AGE (IN YEARS LAST BIRTHDAY): 82 YRS. IF UNDER 1 YEAR MONTHS / DAYS; IF UNDER 24 HRS HOURS / MIN |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MD. | 7b. CITIZEN OF WHAT COUNTRY?: USA | 8. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 9. BALTIMORE CITY OR COUNTY OF DEATH: Carroll MD. |
| 10. CITY OR TOWN OF DEATH: Westminster | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 3 WESTMORELAND STREET | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): SALES | 12b. KIND OF BUSINESS OR INDUSTRY: STORE |

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| | | | | |
|---|---|---|---|---|
| 13a. STATE: Maryland | 13b. COUNTY: Carroll | 13c. CITY OR TOWN: Westminster | 13d. INSIDE CITY LIMITS? YES XX NO ☐ | 13e. STREET ADDRESS: 3 Westmoreland Street # 21157 |

| | |
|---|---|
| 14. FATHER'S NAME FIRST / MIDDLE / LAST: LUTHER E. WIMERT | 15. MOTHER'S MAIDEN NAME FIRST / MIDDLE / LAST: EFFIE SCHAEFFER |

| | | | |
|---|---|---|---|
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): YES | (IF YES, GIVE WAR OR DATES): WW1 | 16b. SOCIAL SECURITY NO.: 212-01-8728 | 17. INFORMANT: HAZEL WIMERT ADDRESS: 13e 21157 |

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) (R)
PART I. DEATH WAS CAUSED BY:

1629

IMMEDIATE CAUSE (a) carcinoma lung with liver metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

| | | | |
|---|---|---|---|
| 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES ☐ NO ☐ | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐ |
| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) | |
| 21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET / CITY OR TOWN / COUNTY / STATE | |

22a. I certify that (I) (this XX hospital) attended the deceased from June, 19 75 to present, 19 ___, that (I) (we) last saw the deceased alive on June 10, 19 83, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Richard Y Dalrymple MD — DEGREE — ATTENDING PHYSICIAN XX MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ — 22c. DATE SIGNED: 6-13-83

22d. PHYSICIAN'S NAME (TYPE OR PRINT): Richard Y. Dalrymple, M.D. — 22e. ADDRESS: Carroll plaza, Westminster, Md. 21157

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL | 23b. DATE: 6-13-83 | 23c. NAME OF CEMETERY OR CREMATORY: WESTMINSTER | 23d. LOCATION CITY OR TOWN / COUNTY / STATE: WESTMINSTER CARROLL MD. |
| 24. FUNERAL DIRECTOR NAME: PRITTS F.H. ADDRESS: WESTMINSTER, MD | | 25a. DATE REC'D. BY REGISTRAR: JUN 17 1983 | 25b. REGISTRAR'S SIGNATURE: John J. Carroll |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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BP______

DHMH - 16 50M 7/77 (VR A 15 (4))

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1 - FOR STATE REGISTRAR

**STATE OF MARYLAND**
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
**CERTIFICATE OF DEATH**

REG. NO. 83 161444

| | | | |
|---|---|---|---|
| 1. DECEASED NAME (TYPE OR PRINT) FIRST / MIDDLE / LAST: Martha YELTON | | 2a. DATE OF DEATH MONTH DAY YEAR: June 23, 1983 | 2b. HOUR: 9 A M |
| 3. SEX: Female | 4. RACE: White | 5. DATE OF BIRTH MONTH DAY YEAR: Sept. 2,1924 | 6. AGE (IN YEARS LAST BIRTHDAY): 58 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN. |
| 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY): North Carolina | 7b. CITIZEN OF WHAT COUNTRY?: U.S.A. | 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED XX | 9. BALTIMORE CITY OR COUNTY OF DEATH: CARROLL, MD. |
| 10. CITY OR TOWN OF DEATH: Westminster ~~Manchester~~ | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): 1332 Old Manchester Road | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Seamstress | 12b. KIND OF BUSINESS OR INDUSTRY: Clothing |

70 00 35 060 1

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

| | | | | |
|---|---|---|---|---|
| 13a. STATE: Md. | 13b. COUNTY: Carroll | 13c. CITY OR TOWN: Westminster | 13d. INSIDE CITY LIMITS? YES ☐ NO XX | 13e. STREET ADDRESS: 1332 Old Manchester Rd. 21157 |

| | |
|---|---|
| 14. FATHER'S NAME FIRST / MIDDLE / LAST: John Hill | 15. MOTHER'S MAIDEN NAME FIRST / MIDDLE / LAST: Elizabeth Whitson |

| | | | |
|---|---|---|---|
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): No | (IF YES, GIVE WAR OR DATES) | 16b. SOCIAL SECURITY NO.: 214-24-7411 | 17. INFORMANT: Esther Ibex — ADDRESS: 1300 Old Manchester R d Westminster, Md. |

**MEDICAL CERTIFICATION**

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARDIAC ARREST

4280

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF
(b) CONGESTIVE HEART FAILURE

DUE TO, OR AS A CONSEQUENCE OF
(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: YEARS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ATRIAL FIBRILLATION, CHRONIC LUNG DISEASE, PULMONARY EMBOLI

| | | | |
|---|---|---|---|
| 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES ☐ NO ☑ | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐ |
| 21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19 | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) | |
| 21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 21f. LOCATION STREET / CITY OR TOWN / COUNTY / STATE | |

2 9

22a. **I certify** that (I) (~~this hospital~~) attended the deceased from JULY 17 1981 to JUNE 2 1983, that (I) (~~we~~) last saw the deceased alive on JUNE 2 1983, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (did not) view the body after death.

| | | |
|---|---|---|
| 22b. SIGNATURE: Arthur L Rudo, MD | DEGREE — ATTENDING PHYSICIAN ☑ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐ | 22c. DATE SIGNED: 6/23/83 |
| 22d. PHYSICIAN'S NAME (TYPE OR PRINT): ARTHUR L. RUDO, MD. | 22e. ADDRESS: WESTMINSTER, MARYLAND 21157 | |

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|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL: Burial | 23b. DATE: June 26, 1983 | 23c. NAME OF CEMETERY OR CREMATORY: New Lutheran Cem. | 23d. LOCATION CITY OR TOWN / COUNTY / STATE: Manchester, Carroll, Md |
| 24. FUNERAL DIRECTOR NAME / ADDRESS: H. J. Eckhardt Manchester, Md. | | 25a. DATE REC'D. BY REGISTRAR: JUN 29 1983 | 25b. REGISTRAR'S SIGNATURE: John J. Carrick |

BP

DHMH - 16 50M 4/82 (VRA 15, 4)

**DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201**

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